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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 358

File

7-16-81
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 Donald Middle G. Last La Roche Jr.

Date of Birth: Month 3 Day 12 Year 1960

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. 201 North St Pfld 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 Donald G. La Roche. Sr.
   Residence of father (if deceased so state) Plainfield Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Donna Lee Bell
   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 ✕ Donald G. LaRoche Jr.
New Address 201 North St. Plainfield

Subscribed and sworn to before me this 16 day of July, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Carri Middle Renee Last Starlin

Date of Birth: Month 7 Day 8 Year 1963

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

Residence Address: Street or R. R. 135 Continental 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 William R. Starlin
   Residence of father (if deceased so state) Mooresville Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia Ann Ford
   Residence of mother (if deceased so state) ~~Indpls Ind~~ Mooresville 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 ✕ Carri Renee Starlin
New Address ~~135 Continental~~ 201 North St. Plfd.,

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 in 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* DONALD G. LaROCHE, JR. *and* CARRI R. STARLIN

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

I, DARRELL W. COX *hereby certify that on the* 18 *day of* july, *one thousand nine hundred and* 81 *at* 11435 Maple Lane, *County of* Hendricks, *State of Indiana, Groom* DOANLD G. LaROCHE, JR. *of* HENDRICKS *County, State of* IN *and, Bride* CARRI R. STARLIN *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* JULY, 19 81

Signed DARRELL W. COX

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. 359
File 42
7-16-81
Date of Application

MALE
Medical Examination Report Dated 7-6-81
Name of Physician D. M. Bavaro

FEMALE
Medical Examination Report Dated 7-6-81
Name of Physician D. M. Bavaro

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

MALE APPLICANT

Name: First Edward Middle D. Last Swanson Jr.
Date of Birth: Month 5 Day 28 Year 58
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R. R. 935 S. Walnut City Danville County Hendricks State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers. Lic w/ piet.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Edward D. Swanson Sr.
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) W. Va.
9. Full maiden name of mother Shirley M. Marigold
   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 Edward D. Swanson Jr.
New Address 3705 Lickridge Ln. apt. 2 Indpls.
Subscribed and sworn to before me this 16 day of July, 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Rebecca Middle M. Last Johnson
Date of Birth: Month 12 Day 28 Year 59
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 3705 Lickridge Ln. Apt. 2 Indpls. City Indpls. County Marion State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers Lic w/piet.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 David L. Johnson Sr.
   Residence of father (if deceased so state) Greenwood Ind.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother ~~Eleanor~~ Elenora M. Cline
   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 Rebecca M. Johnson
New Address 3705 Lickridge Ln., Apt #2 Indpls.
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 ..... and filed
HENDRICKS County ..... Court by written order issued .....
in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23rd day of July, 19 81, authorizing the joining together as husband and wife Edward D. Swanson Jr. and Rebecca M. Johnson.

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 July, at Bethel Chapel, County of Hend, County, State of In, one thousand nine hundred and 81, State of Indiana, Groom Edward D. Swanson Jr. of Hend, County, State of In, and, Bride Rebecca M. Johnson of Marion, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 25 day of July, 19 81. Signed Rev. Kenneth E. Vetters
Official Designation Pastor, 19 81.

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of July, Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 360

File

July 16, 1981
Date of Application

MALE
Medical Examination Report Dated 7-7-81
Name of Physician Thomas D. Jones

FEMALE
Medical Examination Report Dated 7-14-81
Name of Physician Glenn W. Baker

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

MALE APPLICANT

Name: First Warren Middle C. Last Rice

Date of Birth: Month Sept. Day 9 Year 1961

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 318 N. Vine, City Plainfield, County Hendricks, State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Driver's license W/picture

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Arthur David Rice I
   Residence of father (if deceased so state) Knapps, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Judith Ann Lafon
   Residence of mother (if deceased so state) Knapps, 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 Warren C Rice
New Address 318 N VINE PLAINFIELD IN 46168

Subscribed and sworn to before me this 28 day of July, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Shanda Middle Sue Last Caldwell

Date of Birth: Month June Day 20, Year 1961

Place of Birth (State or foreign country) Ind. Marion Co.

Residence Address: Street or R. R. 318 N. Vine, City Plainfield, County, State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Drivers License (picture)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Caldwell
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Claudia Ann Cummings
   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 Shanda Sue Caldwell
New Address 318 N. Vine Street

Subscribed and sworn to before me this 16 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* 28th *day of* July, 19 81, *authorizing the joining together as husband and wife* Warren C. Rice *and* Shanda Sue Caldwell

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

I, Reverend Douglas A. Ohme *hereby certify that on the* 2 *day of* Aug., *one thousand nine hundred and* eighty one *at* Knapps, *County of* Marion, *State of Indiana, Groom* Warren C. Rice *of* Hendricks *County, State of* Indiana *and, Bride* Shanda Sue Caldwell *of* Hendricks *County, State of* Indiana *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 2 *day of* August, 19 81.

Signed Rev. Douglas A. Ohme

Official Designation Reverend

Filed and recorded in accordance with the laws of the State of Indiana this 4th *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. 361

File

7-16-81 Date of Application

MALE
Medical Examination Report Dated 7-13-81
Name of Physician David E. Copher

FEMALE
Medical Examination Report Dated 7-13-81
Name of Physician David E. Copher

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

Date of Birth: Month 7 Day 25 Year 1950

Place of Birth (State or foreign country) New Castle Ind.

Residence Address: Street or R. R. 317 E. Mill 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 Raleigh M. Carmichael
   Residence of father (if deceased so state) Richmond Ind.
   Birthplace of father (State or foreign country) Sulphur Springs Ind.
9. Full maiden name of mother Mary Lou Garrard
   Residence of mother (if deceased so state) Richmond Ind.
   Birthplace of mother (State or foreign country) New Castle Ind.

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

Signed X Stephen Ray Carmichael

New Address 317 E Mill (SAME)

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 Janet Middle Lee Last Edwards

Date of Birth: Month 7 Day 14 Year 1956

Place of Birth (State or foreign country) Indianapolis Ind

Residence Address: Street or R. R. 317 E Mill 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 Theodore C. Edwards
   Residence of father (if deceased so state) Greenwood Ind
   Birthplace of father (State or foreign country) Indpls Ind.
9. Full maiden name of mother Emma Jean Holman
   Residence of mother (if deceased so state) Greenwood 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. Edwards

New Address SAME

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 Court by written order issued.....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 20 day of July, 19 81, authorizing the joining together as husband and wife STEPHEN RAY CARMICHAEL and JANET LEE EDWARDS

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

I, J.V. BOLES hereby certify that on the 25 day of JULY, one thousand nine hundred and XXX 81 at DANVILLE, County of HENDRICKS, State of Indiana, Groom STEPHEN RAY CARMICHAEL of HENDRICKS County, State of IN, and, Bride JANET LEE EDWARDS 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 25 day of JULY, 19 81. Signed J.V. BOLES

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 30 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. 362
File 42
7-17-81
Date of Application

MALE
Medical Examination Report Dated 7-10-81
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 7-10-81
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 Michael Middle P. Last Cherry
Date of Birth: Month March Day 16 Year 1961
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR 3 Box 396, City Clayton, County Hendricks, State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Cherry
   Residence of father (if deceased so state) RR 3 Box 396, Clayton, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Pauline D. Skinner Dame
   Residence of mother (if deceased so state)
   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 Michael P. Cherry
New Address 4675 Edwardian Cir. Indpls, In

Subscribed and sworn to before me this 17 day of July, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Anita Middle K. Last Boyd
Date of Birth: Month April Day 27 Year 1962
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 24 Allman Addition, 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 Wendell L. Boyd
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Alyce J. Rose
   Residence of mother (if deceased so state) 6400 E. Collins Lane, Bloomington, 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 Anita K. Boyd
New Address 4675 Edwardian Cir. Indpls, IN 46254

Subscribed and sworn to before me this 17 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* 24th *day of* July, 19 81, *authorizing the joining together as husband and wife* MICHAEL P. CHERRY *and* ANITA KAY BOYD

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

I, DUANE MOSS *hereby certify that on the* 1st *day of* AUGUST, *one thousand nine hundred and* 81 *at* MOORESVILLE, *County of* MORGAN, *State of Indiana, Groom* MICHAEL P. CHERRY *of* HENDRICKS *County, State of* IN *and, Bride* ANITA KAY BOYD *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 1st *day of* AUGUST, *19* 81.

Signed DUANE MOSS
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. 363
File 42
7-17-81
Date of Application

MALE
Medical Examination Report Dated 7-17-81
Name of Physician M. Neely

FEMALE
Medical Examination Report Dated 7-17-81
Name of Physician M. 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 [illegible] Middle Frank Last McIntire

Date of Birth: Month 10 Day 6 Year 61

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 521 E. Main St. 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. 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 F. McIntire
   Residence of father (if deceased so state) Danville, Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Helen M. Ragsdale
   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 Frank J McIntire
New Address 521 E main Brownsburg

Subscribed and sworn to before me this 17 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 Noesges

Date of Birth: Month 4 Day 28 Year 62

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 368 W. Main St. City Danville County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Edward H. Noesges
   Residence of father (if deceased so state) Danville
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Nancy E. Hillaker
   Residence of mother (if deceased so state) Danville
   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 Ann Noesges
New Address 521 E Main, Brownsburg

Subscribed and sworn to before me this 17 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 23 day of July, 1981, authorizing the joining together as husband and wife Frank Jay McIntire and Ann Marie Noesges

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

I, Kenneth E. Smith hereby certify that on the 25 day of July, 1981 at Danville, County of Hendricks, State of Ind, one thousand nine hundred and 81 Frank Jay McIntire of Hendricks County, State of Ind, State of Indiana, Groom, and, Bride Ann Marie Noesges 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 July, 1981.

Signed Father Kenneth E. Smith
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of July, 19 81.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 364

File

7-17-81
Date of Application

MALE
Medical Examination Report Dated 7-10-81
Name of Physician Larry Lovall

FEMALE
Medical Examination Report Dated 7-10-81
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 Robert Middle S. Last Essex
Date of Birth: Month 9 Day 29 Year 1959
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R. R. 50 S. 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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Essex
   Residence of father (if deceased so state) Indpls Ind.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Helen Marie Yetter
   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 Robert S. Essex
New Address 50 SOUTH WAYNE
Subscribed and sworn to before me this 17 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 Delores Middle Gay Last Owens
Date of Birth: Month 8 Day 24 Year 1963
Place of Birth (State or foreign country) Danville Ind.
Residence Address: Street or R. R. 50 S 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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 H. Owens
   Residence of father (if deceased so state) ~~Greencastle~~ Coatesville Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sharon Lee Bybee
   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 Delores Gay Owens
New Address 50 South WAYNE
Subscribed and sworn to before me this 17 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 x Sharon L Mitchell Divoce Mother
Subscribed and sworn to before me this 17 day of July, 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* 21st *day of* July, 19 81, *authorizing the joining together as husband and wife* Robert S. Essex *and* Delores G. Owens

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

I, Hartsel White *hereby certify that on the* 25 *day of* July, *one thousand nine hundred and* 81 *at* Kessler Fmt Baptist Ch, *County of* Marion, *State of Indiana, Groom* Robert S. Essex *of* Hend *County, State of* In *and, Bride* Delores G. Owens *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* July, 19 81.

Signed Hartsel White
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 28 *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. 365

File

7-17-81 Date of Application

MALE
Medical Examination Report Dated 6-24-81
Name of Physician Robert A. Heavrin M.D.

FEMALE
Medical Examination Report Dated 6-24-81
Name of Physician Robert A. Heavrin 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 Steven Middle Wayne Last Robinson

Date of Birth: Month 3 Day 1 Year 1956

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

Residence Address: Street or R. R. Box 77 City Stilesville County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1980

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

☑ Other (Specify) 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 Herschel Wayne Robenson
   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 x Steven W. Robinson
New Address Box 77 Stilesville

Subscribed and sworn to before me this 17 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 Cathy Middle Ann Last Robenson

Date of Birth: Month 3 Day 1 Year 61

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

Residence Address: Street or R. R. Box 77 City Stilesville 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 Willie Kay Partin
   Residence of father (if deceased so state) Texas
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patsy Lee Acorn
   Residence of mother (if deceased so state) Kentucky
   Birthplace of mother (State or foreign country) Kentucky

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

Signed x Cathy A Robinson
New Address Box 77 Stilesville

Subscribed and sworn to before me this 17 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 28th day of August, 19 81, authorizing the joining together as husband and wife Steven W. Robinson and Cathy Ann Robinson

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

I, Mary Jane Russell hereby certify that on the 25 day of Aug, one thousand nine hundred and 81 at Danville, County of Hendricks, State of Indiana, Groom Steven W. Robinson of Hendricks County, State of IN and, Bride Cathy Ann Robinson 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 28 day of Aug, 19 81.

Signed Mary Jane Russell
Official Designation Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 28 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. 366
File 42
7-17-81
Date of Application

MALE
Medical Examination Report Dated 7-16-81
Name of Physician D. B. Haggard

FEMALE
Medical Examination Report Dated 7-16-81
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 Marshall Middle H. Last Park
Date of Birth: Month 9 Day 23 Year 21
Place of Birth (State or foreign country) Ill.
Residence Address: Street or R. R. 7822 B. Hwy Dale 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.
   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 Howell W. Park
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ill
9. Full maiden name of mother Clara E. Kershaw
   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 Marshall H. Park
New Address 444 Lakeshore Dr., Plainfield, In.

Subscribed and sworn to before me this 17 day of June, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First M. Middle Lucille Last Laxton
Date of Birth: Month 12 Day 28 Year 31
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 444 Lakeshore Dr. 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 J. Davis
   Residence of father (if deceased so state) Danville, Ind.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Ruby Maticoat
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Iowa.

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

Signed M. Lucille Laxton
New Address 444 Lakeshore Dr. Plfd. In.

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Marshall H. Park *and* Melva K. Laxton
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Kenneth E. Vetter *hereby certify that on the* 28 *day of* July, *one thousand nine hundred and* 81 *at* Bethel Chapel United Methodist, *County of* Hendricks, *State of Indiana, Groom* Marshall H. Park *of* Marion *County, State of* Ind. *and, Bride* Melva K. Laxton *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 28 *day of* July, 19 81.

Signed Kenneth E. Vetter
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 31 *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. 367

File ~~#2~~ 7-17-81

7-17-81 Date of Application

MALE
Medical Examination Report Dated 7-4-81
Name of Physician Kerlin

FEMALE
Medical Examination Report Dated 7-4-81
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 Timothy Middle J. Last Hunt

Date of Birth: Month 2 Day 16 Year 54

Place of Birth (State or foreign country) Maryland

Residence Address: Street or R. R. 2711 Northwood City Toledo County Lucas 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) Driver Lic upon request.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Elliot ~~F~~ B. Hunt
   Residence of father (if deceased so state) Hoboken N.J.
   Birthplace of father (State or foreign country) NY
9. Full maiden name of mother Helen Keller
   Residence of mother (if deceased so state) Morristown N.J.
   Birthplace of mother (State or foreign country) NY

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

Signed ✓ Timothy Hunt

New Address R. 1 Box 32 DANVILLE, IN.

Subscribed and sworn to before me this 17 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 Mary Middle Jane Last Selvia

Date of Birth: Month 1 Day 18 Year 40

Place of Birth (State or foreign country)

Residence Address: Street or R. R. R.R. 1 Box 32 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) Driver Lic upon request.

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. B. Hatton
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ill
9. Full maiden name of mother Mary Brogan
   Residence of mother (if deceased so state) Danville 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 ✓ Mary Jane Selvia

New Address R 1 Box 32 Danville, IN 46122

Subscribed and sworn to before me this 17 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, 19 81, authorizing the joining together as husband and wife of Indiana dated the 3 day of Aug and Timothy J. Hunt and Mary J. Selvia

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

I, Marc S. Hays hereby certify that on the 8 day of Aug, County of Hendricks, one thousand nine hundred and 81 at Avon County, State of ~~IN~~ Ohio State of Indiana, Groom Timothy J. Hunt of Lucas County, State of IN and, Bride Mary J. Selvia 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 Aug, 19 81 Signed Marc S. Hays

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 11 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. 368

File

July 20, 1981
Date of Application

MALE
Medical Examination Report Dated 7-20-81
Name of Physician M. Scamahorn

FEMALE
Medical Examination Report Dated 7-20-81
Name of Physician M. 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 Jerald Middle Dean Last Hinds

Date of Birth: Month August Day 9 Year 1954

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

Residence Address P.O. Box 131 Street or R. R. Pittsboro 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 Fredrick Dean Hinds
   Residence of father (if deceased so state) Pittsboro, Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Pauline Hendricks
   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 Jerald Dean Hinds
New Address Po Box 131 Pittsboro, In.

Subscribed and sworn to before me this 20 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 Donna Middle Kay Last Ray

Date of Birth: Month March Day 27 Year 1953

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

Residence Address P.O. Box Street or R. R. Pittsboro 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 Alfred Wayne Stewart
   Residence of father (if deceased so state) North Salem, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Maxine Beatrice Russell
   Residence of mother (if deceased so state) North Salem, Indiana
   Birthplace of mother (State or foreign country) Tenn.

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

Signed Donna Kay Ray
New Address P.O. Box 131 Pittsboro Ind.

Subscribed and sworn to before me this 20 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

Be 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* July, 19 81, *authorizing the joining together as husband and wife* JERALD DEAN HINDS *and* DONNA KAY RAY

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

I, WILLIAM CHARLES McGRAW *hereby certify that on the* 8 *day of* AUGUST, *one thousand nine hundred and* 81 *at* PITTSBORO, *County of* HENDRICKS, *State of Indiana, Groom* JERALD DEAN HINDS *of* HENDRICKS *County, State of* IN *and, Bride* DONNA KAY RAY *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 WILLIAM CHARLES McGRAW
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 12 *day of* AUGUST, *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. 369

File

7-20-81 Date of Application

MALE
Medical Examination Report Dated 7-14-81
Name of Physician Carl Heinlein

FEMALE
Medical Examination Report Dated 7-14-81
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 Dennis Middle Lee Last Henderson

Date of Birth: Month 9 Day 27 Year 1953

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

Residence Address: Street or R. R. 131 N. Center 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 Otto Henderson
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Lebanon, Ind.
9. Full maiden name of mother Virginia Marie Jewell
   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 Dennis Lee Henderson

New Address 131 N Center Plfd. Ind

Subscribed and sworn to before me this 20 day of July, 81.

Mary Jane Russell HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Joyce Middle Marie Last Calhoun

Date of Birth: Month 7 Day 17 Year 1954

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

Residence Address: Street or R. R. 131 N. Center 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.
   Sara Marie Calhoun

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Langdon Storm
   Residence of father (if deceased so state) Lafayette Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ida Marie Harshaw
   Residence of mother (if deceased so state) Loogootee, Ind Lafayette In
   Birthplace of mother (State or foreign country) Loogootee, 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 Marie Calhoun

New Address 131 N. Center Plfd Ind.

Subscribed and sworn to before me this 20 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 24 day of July, 19 81, authorizing the joining together as husband and wife and JOYCE MARIE CALHOUN DENNIS LEE HENDERSON

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 JULY, one thousand nine hundred and 81 at BARTLETT CHAPEL UNITED METHODIST HENDRICKS, County of IN State of Indiana, Groom DENNIS LEE HENDERSON of HENDRICKS County, State of IN and, Bride JOYCE MARIE CALHOUN 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 25 day of JULY, 19 81. Signed KENNETH E. VETTERS

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. 370
File 42
7-20-81
Date of Application

MALE
Medical Examination Report Dated 7-14-81
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 7-14-81
Name of Physician David B. Haggard

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

MALE APPLICANT

Name: First Jerald Middle (none) Last Gregory Jr.
Date of Birth: Month Nov. Day 18 Year 1962
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR 2 Box 146 A City Coatesville 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 Jerald Gregory Sr.
   Residence of father (if deceased so state) RR2 Box 146A, Coatesville, Ind.
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Ruby Smalling
   Residence of mother (if deceased so state) Dead
   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 Jerald Gregory Jr.
New Address unknown
Subscribed and sworn to before me this 20 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 Debra Middle Susan Last Huff
Date of Birth: Month April Day 25 Year 1962
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 21 Suburban 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 Harold Reed Huff
   Residence of father (if deceased so state) 21 Suburban Dr., Danville, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Virginia Ann Jones
   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 Debra Huff
New Address unknown
Subscribed and sworn to before me this 20 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* 24 *day of* July, 1981, *authorizing the joining together as husband and wife* JERALD GREGORY JR. *and* DEBRA SUSAN HUFF

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

I, RAYMOND RISSLER *hereby certify that on the* 1st *day of* AUGUST, *one thousand nine hundred and* 81 *at* NEW WINCHESTER, *County of* HENDRICKS, *State of Indiana, Groom* JERALD GREGORY JR. *of* HENDRICKS *County, State of* IN *and, Bride* DEBRA SUSAN HUFF *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* AUGUST, *19* 81

Signed RAYMOND RISSLER
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. 371

File

July 24, 1981
Date of Application

MALE
Medical Examination Report Dated 6-25-81
Name of Physician A. N. Saudder

FEMALE
Medical Examination Report Dated 6-27-81
Name of Physician A. N. Saudder

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

Date of Birth: Month Oct Day 4 Year 1961

Place of Birth (State or foreign country) Ind

Residence Address: Street or R. R. 210 N. Jefferson 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 female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Gregory
   Residence of father (if deceased so state) Quitman, Ga.
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Hester Root
   Residence of mother (if deceased so state) Quitman, Ga
   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 Terry Gregory
New Address 210 N. Jefferson St.

Subscribed and sworn to before me this 24 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 Saundra Middle Leigh Last Sturgill

Date of Birth: Month Dec Day 2 Year 1961

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. Rt 1 Box 302 C 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 Charles Stargill
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Va.
9. Full maiden name of mother Evelyn Creech
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Pa.

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

Signed Saundra Sturgill
New Address 310 N. Jefferson

Subscribed and sworn to before me this 24 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* ..... *, 19* 81 *, authorizing the joining together as husband and wife of Indiana dated the* 6 *day of* Aug *and* SAUNDRA LEIGH STURGILL
TERRY LYNN GREGORY
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM A. PAPPANO *hereby certify that on the* 15th *day of* AUGUST,
one thousand nine hundred and 81 *at* BROWNSBURG, *County of* HENDRICKS,
State of Indiana, Groom TERRY LYNN GREGORY *of* HENDRICKS *County, State of* IN,
and, Bride SAUNDRA LEIGH STURGILL *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 15th *day of* AUGUST, *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 Lonnie Pearson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 372

File

July 21, 1981
Date of Application

MALE
Medical Examination Report Dated 7-6-81

Name of Physician F. Warburton

FEMALE
Medical Examination Report Dated 7-2-81

Name of Physician F Warburton

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

Date of Birth: Month April Day 20 Year 1921

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

Residence Address 616 Avon Ave 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) 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 Demps Warren Ellis
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mabel Alice Sams
   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 Warren C Ellis

New Address 616 Avon Ave., Plainfield, Ind.

Subscribed and sworn to before me this 21 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 Lois Middle Ann Last Jennigan

Date of Birth: Month August Day 24 Year 1933

Place of Birth (State or foreign country) Gibson, North Carolina

Residence Address 616 Avon Ave 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) 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 Emmett Jennigan
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) North Carolina
9. Full maiden name of mother Caroline Lockhee
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) North Carolina

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

Signed Lois Ann Jennigan

New Address 616 Avon Ave (Plainfield Ind.

Subscribed and sworn to before me this 21 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* 27 *day of* July, 19 81, *authorizing the joining together as husband and wife* WARREN ELLIS *and* LOIS JENNIGAN

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

I, EARL F. McCLELAND *hereby certify that on the* 29 *day of* JULY, *one thousand nine hundred and* 81 *at* TERRE HAUTE, *County of* VIGO, *State of Indiana, Groom* WARREN ELLIS *of* HENDRICKS *County, State of* IN *and, Bride* LOIS JENNIGAN *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* JULY, 19 81.

Signed EARL F. McCLELLAND

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. 373

File

July 21, 1981
Date of Application

MALE
Medical Examination Report Dated 7-15-81
Name of Physician Thomas J. Moretto Md.

FEMALE
Medical Examination Report Dated 7-15-81
Name of Physician Thomas J Moretto 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 Fran Middle [illegible] Last Duffney

Date of Birth: Month February Day 9 Year 1956

Place of Birth (State or foreign country) [illegible] N.Y.

Residence Address: Street or R. R. 542 Enderly Ave. City Apt 6 County B'Burg 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 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.
   Cindy Duffney
   Mike " "
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 G. Duffney
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) New York
9. Full maiden name of mother Rose Kilcsick
   Residence of mother (if deceased so state) New York
   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 Fran Duffney

New Address 542 Enderly Ave Apt 6, Brownsburg

Subscribed and sworn to before me this 21 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 Dawn Middle L. Last Seals

Date of Birth: Month August Day 25 Year 1955

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

Residence Address: Street or R. R. 152 Piccadilly Rd. City Brownsburg County [illegible] State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) 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 Clyde Franklin Seals
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marie R Robinson
   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 Dawn L. Seals

New Address 542 Enderly Ave Apt. 6

Subscribed and sworn to before me this 21 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 in HENDRICKS County ..... Court by written order issued ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 27th day of July, 19 81, authorizing the joining together as husband and wife FRANCIS ALLEN DUFFNEY and DAWN LORI SEALS

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

I, WILLIAM C. McGRAW hereby certify that on the 8 day of AUGUST, one thousand nine hundred and 81 at PITTSBORO, County of HENDRICKS, State of Indiana, Groom FRANCIS ALLEN DUFFNEY of HENDRICKS County, State of IN, and, Bride DAWN LORI SEALS 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, 1981.

Signed WILLIAM CHARLES McGRAW

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. 374

File

7-21-81
Date of Application

MALE
Medical Examination Report Dated 7-6-81
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 7-6-81
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 Edney Middle Ray Last Scotten

Date of Birth: Month 10 Day 1 Year 1957

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. PO Box 13 City Clayton County Hend State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers License w/picture

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

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

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

Signed Edney R. Scotten
New Address P.O. Box 13 CLAYTON

Subscribed and sworn to before me this 21 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 Selina Middle Joy Last Gamble

Date of Birth: Month 3 Day 27 Year 1962

Place of Birth (State or foreign country) Greencastle Ind

Residence Address: Street or R. R. PO Box 13 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.
   Matthew William Gamble

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Pickard
   Residence of father (if deceased so state) Clayton Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rosemary Cooper
   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 Selina Joy Gamble
New Address P.O. Box 13 Clayton

Subscribed and sworn to before me this 21 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* 25 *day of* July, *19* 81, *authorizing the joining together as husband and wife* EDNEY RAY SCOTTEN *and* SELINA JOY GAMBLE

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

I, JOHN C. MOWRER *hereby certify that on the* 25 *day of* JULY, *one thousand nine hundred and* 81 *at* BELLEVILLE, *County of* HENDRICKS, *State of Indiana, Groom* EDNEY RAY SCOTTEN *of* HENDRICKS *County, State of* INDIANA *and, Bride* SELINA JOY GAMBLE *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* 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. 375

File

7-21-81 Date of Application

MALE
Medical Examination Report Dated 7-18-81
Name of Physician James Black

FEMALE
Medical Examination Report Dated 7-20-81
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 Michael Middle E. Last McCoy

Date of Birth: Month 2 Day 29 Year 1959

Place of Birth (State or foreign country) Ozark Alabama

Residence Address: Street or R. R. 200 Ohio St. City Clayton County Hend State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers License w/picture

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Calvin McCoy III
   Residence of father (if deceased so state) Danville Ind
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Martha Sue Crump
   Residence of mother (if deceased so state) Danville 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 Michael E McCoy

New Address 200 OHIO ST CLAYTON

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

..... Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Teresa Middle Lynn Last Brown

Date of Birth: Month 6 Day 24 Year 1962

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. RR 8 Box 274 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 William Henry Brown
   Residence of father (if deceased so state) Indpls Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Sarah Ellen Baker
   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 X Teresa L Brown

New Address 200 Ohio St Clayton

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

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 25 day of July, 19 81, authorizing the joining together as husband and wife of Indiana dated the ..... day of ..... and MICHAEL E. McCOY TERESA LYNN BROWN

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

I, J.V. BOLES hereby certify that on the 25 day of JULY, one thousand nine hundred and 81 at AVON, County of HENDRICKS, State of Indiana, Groom MICHAEL E. McCOY of HENDRICKS County, State of IN, and, Bride TERESA LYNN 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 25 day of JULY, 19 81 Signed J.V. BOLES

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 30 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. 376

File

7-21-81
Date of Application

MALE
Medical Examination Report Dated 7-16-81
Name of Physician Michael Neeley

FEMALE
Medical Examination Report Dated 7-16-81
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 Michael Middle Ross Last Shepherd
Date of Birth: Month 4 Day 28 Year 1961
Place of Birth (State or foreign country) Urbana Illinois
Residence Address: Street or R. R. 1049 E Wall St. 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 Vernon E. Shepherd
   Residence of father (if deceased so state) Plainfield Ind.
   Birthplace of father (State or foreign country) Muncie Ind.
9. Full maiden name of mother Joy S. McConnell
   Residence of mother (if deceased so state) Plainfield Ind.
   Birthplace of mother (State or foreign country) Adolph 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 R. Shepherd
New Address 218 S. Green St Brownsburg
Subscribed and sworn to before me this 21 day of July, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Clarissa Middle L. Last Harlan
Date of Birth: Month 12 Day 9 Year 1958
Place of Birth (State or foreign country) Adolph Ind.
Residence Address: Street or R. R. 218 S. Green 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 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 Byrl C. Harlan
   Residence of father (if deceased so state) Brownsburg Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Dolores Jean Anderson
   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 Clarissa L. Harlan
New Address 218 S Green St Brownsburg
Subscribed and sworn to before me this 21 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* 27 *day of* July, *19* 81, *authorizing the joining together as husband and wife* MICHAEL ROSS SHEPHERD *and* CLARISSA L. HARLAN

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

I, V. C. McCORMICK *hereby certify that on the* 31 *day of* JULY, *one thousand nine hundred and* 81 *at* BROWNSBURG, *County of* IN, *State of Indiana, Groom* MICHAEL ROSS SHEPHERD *of* HENDRICKS *County, State of* IN, *and, Bride* CLARISSA L. HARLAN *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 31 *day of* JULY, *19* 81.

Signed V. C. McCORMICK
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. 377

File

July 22, 1981 Date of Application

MALE
Medical Examination Report Dated 7-14-81
Name of Physician Ronald Stegmueller

FEMALE
Medical Examination Report Dated 7-14-81
Name of Physician Ronald Stegmueller

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

MALE APPLICANT

Name: First Thayron Middle F. Last Jenkinson

Date of Birth: Month Oct Day 5 Year 1954

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 6510 Halcomb Circle N. Dr. City Indps. 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.
   Jeffrey Jenkinson
   Timothy Jenkinson
   Shanna Jenkinson
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Thurlow W. Jenkinson
   Residence of father (if deceased so state) Indps. In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Lucille Perry
   Residence of mother (if deceased so state) Indps. 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 Thayron Jenkinson

New Address 6510 Halcomb Cir N. Dr.

Subscribed and sworn to before me this 22 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 Judi Middle Ann Last Cross

Date of Birth: Month June Day 18 Year 1955

Place of Birth (State or foreign country) Ind.

Residence Address: 52 W. Clinton Street or R. R. Danville City In. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Dr. 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 Robert Cross
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Margaret Fisher
   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 Judi Ann Cross

New Address 6510 Halcomb Cir N Dr

Subscribed and sworn to before me this 22 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 ....., 19.....81....., authorizing the joining together as husband and wife of Indiana dated the 29 day of July and JUDI ANN CROSS

THAYRON F. JENKINSON

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

I, WILBRU M. BOHANON hereby certify that on the 31 day of JULY, at INDPLS., County of MARION, one thousand nine hundred and 81 State of Indiana, Groom THAYRON F. JENKINSON of MARION County, State of IN, and, Bride JUDI ANN CROSS 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 JULY, 19 81. Signed WILBRU M. BOHANON

Official Designation PASTOR

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. 378

File

July 22 1981
Date of Application

MALE
Medical Examination Report Dated 7-10-81
Name of Physician R. N. Collop

FEMALE
Medical Examination Report Dated 7-1-81
Name of Physician L. Hennessee

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

Date of Birth: Month 6 Day 1 Year 57

Place of Birth (State or foreign country) Michigan

Residence Address: 4913 Street or R. R. Apt 5100 City Live Oak St. Apt 203 County Dallas State Texas

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 E. Brashers
   Residence of father (if deceased so state) Noblesville Ind.
   Birthplace of father (State or foreign country) Arkansas
9. Full maiden name of mother Opal Wilson
   Residence of mother (if deceased so state) Dead
   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 ~~Darrell~~ Darrell G Brashers

New Address 5100 Live oak Dallas Tx

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 Robbin Middle K. Last Voorhies

Date of Birth: Month July Day 22 Year 1963

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

Residence Address: 16 Street or R. R. Hawthorne Ct. City Danville, Ind. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

New Address 5100 Live Oak Street, Dallas, Tx

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* July, 81, *authorizing the joining together as husband and wife* Darrell Gene Brashers *and* Robbin K. Voorhies

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

I, Orval V. Sutton *hereby certify that on the* 28 *day of* July, *one thousand nine hundred and* 81 *at* Dallas, *County of* Marion, *State of Indiana, Groom* Darrell Gene Brashers *of* Texas *County, State of* Dallas, *and, Bride* Robbin K. Voorhies *of* In *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 28 *day of* July, 81.

Signed Rev. Orval V. Sutton

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 *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. 379

File

July 22, 1981
Date of Application

MALE
Medical Examination Report Dated 7-17-81
Name of Physician William J. Richardson

FEMALE
Medical Examination Report Dated 7-14-81
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 Joy Middle A. Last Stout

Date of Birth: Month May Day 3 Year 1959

Place of Birth (State or foreign country) Bible Grove Miss.

Residence Address: Street or R. R. E. Co. TBS City Quantico County Prince William State Va.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

New Address E Co. TBS, MCDEC, Quantico, VA 22134

Subscribed and sworn to before me this 7 day of August, 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 Monica Middle Marie Last Orelup

Date of Birth: Month November Day 11 Year 1959

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

Residence Address: Street or R. R. 5 Todd Terrace City Danville County Boone State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

New Address 5 Todd Terrace, Danville

Subscribed and sworn to before me this 22 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 ..... and filed in ..... HENDRICKS ..... County ..... Court by written order issued ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 August, 19 81, authorizing the joining together as husband and wife Jay A. Stout and Monica M. Orelup

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

I, Kenneth E. Smith hereby certify that on the 8 day of Aug, one thousand nine hundred and 81, at Danville, County of Hendricks, State of Indiana, Groom Jay A. Stout of Hendricks County, State of IN, and, Bride Monica M. Orelup 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 Aug, 19 81. Signed Rev. Kenneth E. Smith

Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of Aug, 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. 380

File

July 23 1981
Date of Application

MALE
Medical Examination Report Dated 6-30-81
Name of Physician T. Walker

FEMALE
Medical Examination Report Dated 6-30-81
Name of Physician James 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 Robert Middle Alan Last Mullins

Date of Birth: Month December Day 13 Year 1958

Place of Birth (State or foreign country) Oakland City Indiana

Residence Address: Street or R. R. 530 Alpha Ave. 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 George Isaac Mullins
   Residence of father (if deceased so state) Indianapolis, Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Donna Lee Williams
   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 Robert Alan Mullins

New Address 530 ALPHA BROWNSBURG IND

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

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Reta Middle Jane Last Sutherlin

Date of Birth: Month January Day 27 Year 1955

Place of Birth (State or foreign country) Gibson Co In

Residence Address: Street or R. R. 530 Alpha Ave. City Brownsburg County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify)

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

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

New Address 530 Alpha Brownsburg 47711

Subscribed and sworn to before me this 23 day of July, 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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* July, 19 81, *authorizing the joining together as husband and wife* Robert A. Mullins *and* Reta J. Sutherlin

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

I, John C. Maurer *hereby certify that on the* 2 *day of* August, *one thousand nine hundred and* 81 *at* Danville, *County of* Hend., *State of Indiana, Groom* Robert A. Mullins *of* Hend. *County, State of* In *and, Bride* Reta J. Sutherlin *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 2 *day of* August, 19 81.

Signed John C. Maurer

Official Designation Judge

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. 381

File

7-23-81 Date of Application

MALE
Medical Examination Report Dated 7-3-81
Name of Physician William P. Winter

FEMALE
Medical Examination Report Dated 7-3-81
Name of Physician William P. Winter

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

Date of Birth: Month 10 Day 13 Year 51

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

Residence Address: Street or R. R. RR#1 Box 409 City Clayton County In State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☑ 2 times

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 James T. Webb.
   Residence of father (if deceased so state) Brooklyn, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Lee Riddell
   Residence of mother (if deceased so state) Indpls. In.
   Birthplace of mother (State or foreign country) Indiana

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

Signed x David E Webb
New Address RH1 Box 409

Subscribed and sworn to before me this 23 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 Deborah Middle J. Last Riddle

Date of Birth: Month January Day 29 Year 1960

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

Residence Address: Street or R. R. R#1 Box 409 City Clayton County In State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1 time

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 S. Riddle
   Residence of father (if deceased so state) Mooresville, In
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Charlotte A. Tillman
   Residence of mother (if deceased so state) Fla.
   Birthplace of mother (State or foreign 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 Deborah J Riddle
New Address R1 Box 409

Subscribed and sworn to before me this 23 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 23 day of July, 19 81, authorizing the joining together as husband and wife David E Webb and Deborah J Riddle

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

I, Jewell Reed hereby certify that on the 29 day of July one thousand nine hundred and 81 at Clayton, County of Hendricks, State of Indiana, Groom David E. Webb of Hendricks County, State of Ind. and, Bride Deborah J Riddle of Hendricks County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 29 day of July, 19 81. Signed Jewell Reed.

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 31 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. 382
File 42
7-23-81
Date of Application

MALE
Medical Examination Report Dated 7-17-81
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 7-17-81
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 Bradley Middle D. Last Belcher

Date of Birth: Month May Day 29 Year 1959

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Todd Road RR3 Box 77 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 Duane Henderson Belcher
   Residence of father (if deceased so state) Rt 3 Box 77, Danville, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Margaret Ann Swearingen
   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 Brad D Belcher
New Address 29-1 Tower Drive, W. Lafayette In

Subscribed and sworn to before me this 23 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 Jane Middle Marie Last Dale

Date of Birth: Month June Day 29 Year 1960

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 445 E. Broadway City Danville County Hendricks State Ind

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Driver's license W/picture

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Vernon Dale
   Residence of father (if deceased so state) 445 E. Broadway, Danville, Ind
   Birthplace of father (State or foreign country) Maryland
9. Full maiden name of mother Nancy Jane Emmert
   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 Jane Marie Dale
New Address 29-1 Tower Drive, W. Lafayette, In

Subscribed and sworn to before me this 23 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* 31st *day of* July, 19 81, *authorizing the joining together as husband and wife* Bradley D. Belcher *and* Jane M. Dale

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

I, Raymond H. Duff *hereby certify that on the* 1 *day of* Aug., *one thousand nine hundred and* 81 *at* New Brunswick, *County of* Boone, *State of Indiana, Groom* Bradley D. Belcher *of* Hendricks *County, State of* IN *and, Bride* Jane M. Dale *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 31 *day of* July, 19 81.

Signed Raymond H. Duff
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 31 *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. 383

File July 24, 1981 Date of Application

MALE
Medical Examination Report Dated 7-23-81
Name of Physician John B. Stuer

FEMALE
Medical Examination Report Dated 7-23-81
Name of Physician John B. Stuer

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

Date of Birth: Month Jan Day 18 Year 1952

Place of Birth (State or foreign country) In

Residence Address: Street or R. R. RR 3 Box 324 City Clayton County Hen. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☑

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

☑ Other (Specify) 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 A. Pestow
   Residence of father (if deceased so state) Goshen, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Mary Jane Thomas
   Residence of mother (if deceased so state) Goshen, 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 Joseph T. Pestow
New Address RR 3 BOX, 324 CLAYTON IN.
Subscribed and sworn to before me this 24 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 Cecilia Middle K. Last Lambert

Date of Birth: Month July Day 20 Year 1954

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RR 3 Box 324 City Clayton County Hen. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) 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 Earl M. Lambert
   Residence of father (if deceased so state) St Augustine, Fla
   Birthplace of father (State or foreign country) Kan.
9. Full maiden name of mother Wanda L. Cramer
   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 Cecilia K. Lambert
New Address RR3 BOX 324 Clayton In.
Subscribed and sworn to before me this 24 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* 28 th *day of* July, 19 81, *authorizing the joining together as husband and wife* Joseph T. Pestow *and* Cecilia K. Lambert

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

I, Earl T. Bonham hereby certify that on the 8 day of Aug, 19 81, at Danville, County of Hendricks, State of In, one thousand nine hundred and 81, State of Indiana, Groom Joseph T. Pestow of Hendricks County, State of In and, Bride Cecilia K. Lambert 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 Aug, 19 81.

Signed Earl T. Bonham
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 13 *day of* Aug, 19 81.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 384

File

July 24, 1981
Date of Application

MALE
Medical Examination Report Dated 7-13-81
Name of Physician James Black

FEMALE
Medical Examination Report Dated 7-13-81
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 Ralph Middle Steven Last Chapman

Date of Birth: Month May Day 9 Year 1957

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 8 Maple Lane 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. Louise

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Davis Lee Chapman
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Virginia Walton
   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 Ralph S. Chapman
New Address 8 Maple LN Apt 4 Brownsburg IN 46112

Subscribed and sworn to before me this 24 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 Darlene Middle Kay Last Davis

Date of Birth: Month March Day 4 Year 1962

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 5125 E 450 N. 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 Ted Davis
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Sharon Moore
   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 Darlene K. Davis
New Address 8 Maple Lane Apt. 4 Brownsburg In.

Subscribed and sworn to before me this 24 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

Be 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 July, 1981, authorizing the joining together as husband and wife RALPH S. CHAPMAN and DARLENE K. DAVIS

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

I, JOSEPH D. WILSON hereby certify that on the 1 day of AUGUST, one thousand nine hundred and 81 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom XX RALPH S. CHAPMAN of HENDRICKS County, State of IN and, Bride DARLENE K. 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 1 day of M AUGUST, 19 81

Signed JOSEPH D. WILSON
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. 385

File July 24, 1981 Date of Application

MALE
Medical Examination Report Dated 7-3-81
Name of Physician John Moe

FEMALE
Medical Examination Report Dated 7-3-81
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 Thomas Middle W. Last Riggs

Date of Birth: Month March Day 18 Year 1951

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RR 1 Box 275 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) 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 Oliver C. Riggs
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Marjorie Briner
   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 Thomas W. Riggs
New Address R.R. 1 Box 275 Danville, In.
Subscribed and sworn to before me this 24th 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 Joan Middle M. Last Richardson

Date of Birth: Month Dec Day 9 Year 1955

Place of Birth (State or foreign country) Mich.

Residence Address: Street or R. R. 3507 Lowery Rd. City Leaple 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 Gerald Richardson
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Mich.
9. Full maiden name of mother Edna Chapman
   Residence of mother (if deceased so state) Leaple, 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 Joan M. Richardson
New Address R.R. 1 Box 275 Danville
Subscribed and sworn to before me this 24 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 ..... 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 HENDRICKS Circuit Court, 19 81, authorizing the joining together as husband and wife of Indiana dated the 31 day of July and Thomas W. Riggs and Joan M. Richardson

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

I, John C. Mowrer hereby certify that on the 7 day of Aug, County of Hendricks, one thousand nine hundred and 81 at Danville County, State of In, State of Indiana, Groom Thomas W. Riggs of Hendricks County, State of In, and, Bride Joan M. Richardson of ~~In~~ 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 7 day of Aug, 19 81. Signed John C Mowrer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of Aug, 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. 386

File

7-24-81
Date of Application

MALE
Medical Examination Report Dated 6-29-81
Name of Physician M. E. Chavez

FEMALE
Medical Examination Report Dated 6-29-81
Name of Physician ME Chavez

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

MALE APPLICANT

Name: First Duane Middle Eugene Last Edick

Date of Birth: Month 4 Day 28 Year 1952

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. 9880 W 10th Lot 23 M 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 Kenneth Georg Edick
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Frieda Mildred Alfdridge
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Illinois

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

Signed X Duane Edick

New Address 9880 W 10th

Subscribed and sworn to before me this 24 day of July, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Barbara Middle Ann Last Lasher

Date of Birth: Month 2 Day 9 Year 1957

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

Residence Address: Street or R. R. 9880 W 10th Lot 23 M 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) L.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 male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

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

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

Signed X Barbara Lasher

New Address 9880 W. 10th

Subscribed and sworn to before me this 24 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 28 day of July, 1981, authorizing the joining together as husband and wife Duane Eugene Edick and Barbara Ann Lasher

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

I, Mary Jane Russell hereby certify that on the 12th day of August, one thousand nine hundred and eighty one at Danville, County of Hendricks, State of Indiana, Groom Duane Eugene Edick of Hendricks County, State of Indiana, and, Bride Barbara Ann Lasher of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12th day of August, 1981.

Signed Mary Jane Russell

Official Designation Clerk, Hend. Co.

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of August, 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. 387

File

July 24, 1981
Date of Application

MALE
Medical Examination Report Dated 7-21-81
Name of Physician Michael C. Myers, D.O.

FEMALE
Medical Examination Report Dated 7-20-81
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 Michael Middle John Last Menis

Date of Birth: Month June Day 12 Year 1957

Place of Birth (State or foreign country) Logansport

Residence Address: Street or R. R. R.R. #1 Box 50F City North Judson 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) 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 James F. Menis
   Residence of father (if deceased so state) North Judson, In.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Alice Vagas
   Residence of mother (if deceased so state) North Judson, 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 Michael John Menis
New Address 201 Maryland Apt D N. Judson 46366

Subscribed and sworn to before me this 24 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 Katherine Middle Lee Last Woods

Date of Birth: Month August Day 6 Year 1959

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R.R. #1 Box 442 City Mentone County Kosciusko State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) .....

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Woods
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nancy Beryl Burton
   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 Katherine Lee Woods
New Address 201 Maryland Apt D N. Judson

Subscribed and sworn to before me this 24 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* 28th *day of* July, 19 81, *authorizing the joining together as husband and wife* MICHAEL JOHN MENIS *and* KATHERINE LEE WOODS

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

I, RICHARD ZORE hereby certify that on the 1st day of AUGUST, one thousand nine hundred and 81 at PLAINFIELD, County of HENDRICKS, State of IN, Groom MICHAEL JOHN MENIS of STARKE County, State IN, and, Bride KATHERINE LEE WOODS of HENDRICKS County, State 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 JULY, 19 81. Signed REV. RICHARD ZORE
Official Designation ROMAN CATHOLIC PRIEST

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. 388

File

July 24, 1981
Date of Application

MALE
Medical Examination Report Dated 7-23-81
Name of Physician A. N. Sandberg MD.

FEMALE
Medical Examination Report Dated 7-24-81
Name of Physician A. N. Sandberg 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 Daniel Middle A. Last Johnson

Date of Birth: Month January Day 3 Year 1957

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

Residence Address: Street or R. R. 244 N. Jefferson City Brownsburg County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Daniel Carissa (parents)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Lee Johnston
   Residence of father (if deceased so state) Dolphs In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Virginia Eileen Deer
   Residence of mother (if deceased so state) Dolphs 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 Daniel A. Johnson
New Address 244 N. JEFFERSON, BROWNSBURG, IN

Subscribed and sworn to before me this 24 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 Lana Middle I. Last Pendergrast

Date of Birth: Month October Day 17 Year 1962

Place of Birth (State or foreign country) Johnson Boone In.

Residence Address: Street or R. R. 6110 E. State Rd. 136 City Brownsburg County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) .....

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Gene Howard Pendergrast
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Martha Asbury
   Residence of mother (if deceased so state) Brownsburg, 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 Lana I. Pendergrast
New Address 244 N. Jefferson Brownsburg In

Subscribed and sworn to before me this 24 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* 30 *day of* July, 19 81, *authorizing the joining together as husband and wife* DANIEL AL JOHNSON *and* LANA I. PENDERGRAST

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

I, STEPHEN P. GRAHAM *hereby certify that on the* 1st *day of* AUGUST, *one thousand nine hundred and* 81 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* DANIEL A. JOHNSON *of* HENDRICKS *County, State of* IN *and, Bride* LANA I. PENDERGRAST *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 1st *day of* AUGUST, 19 81.

Signed STEPHEN P. GRAHAM

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 18 *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. 389

File

7-27-81 Date of Application

MALE
Medical Examination Report Dated 7-7-81
Name of Physician M. O. Scamahorn

FEMALE
Medical Examination Report Dated 7-7-81
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 Harold Middle Dean Last Wing

Date of Birth: Month 12 Day 31 Year 1954

Place of Birth (State or foreign country) Indpls Ind

Residence Address: 222 N. Jefferson 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 Hassil Earl Wing
   Residence of father (if deceased so state) Indpls Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Virginia Jane Mitchell
   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 Harold Dean Wing
New Address 40 N Green St B'burg IN

Subscribed and sworn to before me this 27 day of July, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Cathy Middle Ann Last Boggs

Date of Birth: Month 5 Day 17 Year 1959

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

Residence Address: 40 N. Green 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) —

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 H. Boggs
   Residence of father (if deceased so state) Brownsburg Ind.
   Birthplace of father (State or foreign country) St. Louis, Mo.
9. Full maiden name of mother Orpha L. Hendrix
   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 Catherine Ann Boggs
New Address 40 N. Green St. B'burg, In

Subscribed and sworn to before me this 27 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 ..... and filed
HENDRICKS County ..... Court by written order issued .....
in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* ..... *, 19 81, authorizing the joining together as husband and wife of Indiana dated the* 31 *day of* July *and* Cathy Ann Boggs

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

I, William A. Pappano *hereby certify that on the* 1st *day of* August *,*
one thousand nine hundred and 81 *at* Brownsburg *, County of* Hendricks *,*
State of Indiana, Groom Harold Dean Wing *of* Hendricks *County, State of* Ind *,*
and, Bride Cathy Ann Boggs *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 1 *day of* Aug *, 19* 81 *Signed* William A. Pappano
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* Sept *, 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. 391
File 42
7-27-81
Date of Application

MALE
Medical Examination Report Dated 7-21-81
Name of Physician T. M. Walker

FEMALE
Medical Examination Report Dated 7-21-81
Name of Physician T. 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 Brian, Middle Keith, Last Feltner
Date of Birth: Month 7, Day 8, Year 59
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 444 N. Green, City Brownsburg, County, State Apt 60
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.
   No

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Woodrow Feltner
   Residence of father (if deceased so state) Danville, Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Rena Hopper
   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 X Brian K. Feltner
New Address 444 N Green Apt 60 B'Burg Ind

Subscribed and sworn to before me this 27 day of July, 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Sharon, Middle Annette, Last Comer
Date of Birth: Month 10, Day 15, Year 59
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 444 N. Green, City Brownsburg, County, State Apt 60
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.
   No

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Harrell Comer
   Residence of father (if deceased so state) Brownsburg Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Ann Tirpill
   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 Sharon A. Comer
New Address 444 N. Green St Apt 60 B'burg, In

Subscribed and sworn to before me this 27 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* 31 *day of* July, 19 81, *authorizing the joining together as husband and wife* BRIAN KEITH FELTNER *and* SHARON ANNETTE COMER

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

I, JOSEPH D. WILSON *hereby certify that on the* 15 *day of* AUGUST, *one thousand nine hundred and* 81 *at* PITTSBORO, *County of* HENDRICKS, *State of Indiana, Groom* BRIAN K. FELTNER *of* HENDRICKS *County, State of* INDIANA *and, Bride* SHARON ANN COMER *of* HENDRICKS *County, State of* INDIANA, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 15 *day of* AUGUST, 19 81.

Signed JOSEPH D. WILSON
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 18 *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. 391
File 42
7-27-81 Date of Application

MALE
Medical Examination Report Dated 7-21-81
Name of Physician Saudder

FEMALE
Medical Examination Report Dated 7-21-81
Name of Physician Saudder

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

Date of Birth: Month 6 Day 9 Year 56

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 5724 W. 43 St. City Indpls. County [illegible] State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) D. L. Wpict

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 A. Johnson
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Evelyn J. Nash
   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 ☒ Richard J. Johnson
New Address 5724 W. 43rd Indp
Subscribed and sworn to before me this 27 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 Edith Middle M. Last Janssen

Date of Birth: Month 6 Day 26 Year 48

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 530 Eastbay Dve. Apt 1 City Indpls County [illegible] State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) D. L. Wpict

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Pigg
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Edith N. Vaughn
   Residence of mother (if deceased so state) Brownsburg 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 ☒ Edith M. Janssen
New Address 5724 W. 43rd. St. Indpls.
Subscribed and sworn to before me this 27 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 ..... 19 81, authorizing the joining together as husband and wife of Indiana dated the 3 day of Aug Richard J. Johnson and Edith M. Janssen

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

I, George Davis hereby certify that on the 15 day of Aug, at Brownsburg, County of Hendricks, one thousand nine hundred and 81 State of Indiana, Groom Richard Johnson of Marion County, State of Marion IN, and, Bride Edith Janssen of Hendricks County, State of Marion 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. 392

File

7-27-81
Date of Application

MALE
Medical Examination Report Dated 7-17-81
Name of Physician Larry Lovall

FEMALE
Medical Examination Report Dated 7-27-81
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 Scott Middle W. Last Franklin

Date of Birth: Month 4 Day 3 Year 1960

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

Residence Address: Street or R. R. 1230 Almond 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 female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Harold Franklin
   Residence of father (if deceased so state) Plainfield Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bernadine Joy Hull
   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 Scott W. Franklin
New Address 636 A LAKESIDE Dr PLAINFIELD IN
Subscribed and sworn to before me this 27 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 Deantha Middle K. Last Bourne

Date of Birth: Month 7 Day 17 Year 1960

Place of Birth (State or foreign country) Ft. Leonard Wood MO.

Residence Address: Street or R. R. 4818 Charles 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 Jessie Edwin Bourne
   Residence of father (if deceased so state) Plainfield Ind
   Birthplace of father (State or foreign country) Washington, D.C.
9. Full maiden name of mother Constance Joy McClintock
   Residence of mother (if deceased so state) Plainfield Ind.
   Birthplace of mother (State or foreign country) Waynesville MO

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

Signed X Deantha Kay Bourne
New Address 636 A Lakeside Dr. Plfd., IN
Subscribed and sworn to before me this 27 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* 31 *day of* July, *19* 81, *authorizing the joining together as husband and wife* SCOTT W. FRANKLIN *and* DEANTHA K. BOURNE

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

I, JOHN CALDWELL *hereby certify that on the* 15 *day of* AUGUST, *one thousand nine hundred and* 81 *at* AVON, *State of Indiana, Groom* SCOTT W. FRANKLIN *of* HENDRICKS *County, State of* INDIANA, *and, Bride* DEANTHA KAY BOURNE *of* HENDRICKS *County, State of* INDIANA, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 15 *day of* AUGUST, *19* 81.

Signed JOHN CALDWELL

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 18 *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. 393

File

7-27-81 Date of Application

MALE
Medical Examination Report Dated 7-21-81
Name of Physician James Black

FEMALE
Medical Examination Report Dated 7-21-81
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 James Middle David Last Lewis
Date of Birth: Month 12 Day 28 Year 1960
Place of Birth (State or foreign country) Manchester, KY
Residence Address: Street or R.R. 2350 Norris 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 Elijah Lewis
   Residence of father (if deceased so state) Indpls Ind.
   Birthplace of father (State or foreign country) Clay County, KY.
9. Full maiden name of mother Eleanor Holcombe
   Residence of mother (if deceased so state) Indpls Ind.
   Birthplace of mother (State or foreign country) Ollie, Tennessee

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

Signed x James D. Lewis
New Address 2350 NORRIS DR.

Subscribed and sworn to before me this 27 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 Kay Middle Lynn Last Brooks
Date of Birth: Month 12 Day 29 Year 1960
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R. R. 2350 Norris 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 Robert D. Brooks
   Residence of father (if deceased so state) Indpls, Ind.
   Birthplace of father (State or foreign country) Unknown
9. Full maiden name of mother Marilyn J. Hiner
   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 x Kay L. Brooks
New Address 2358 Norris Dr.

Subscribed and sworn to before me this 27 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* 31 *day of* July, 19 81, *authorizing the joining together as husband and wife* James D. Lewis *and* Kay L. Brooks

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

I, John Hesseldenz *hereby certify that on the* 1 *day of* Aug., *one thousand nine hundred and* 81 *at* Indpls, *County of* Marion, *State of Indiana, Groom* James D. Lewis *of* Marion *County, State of* IN *and, Bride* Kay L. Brooks *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 1 *day of* Aug., 19 81. *Signed* John
Official Designation Judge

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. 394

File

7-27-81
Date of Application

MALE
Medical Examination Report Dated 7-16-81
Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated 7-16-81
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 Randolph Middle Eugene Last McKinley

Date of Birth: Month Sept. Day 17 Year 1953

Place of Birth (State or foreign country) Marion, Ohio

Residence Address: Street or R. R. 20 Richfield Ln. City Danville County State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) D/L w/picture

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

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

New Address 20 Richfield La RR1 Danville

Subscribed and sworn to before me this 27 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 Sandra Middle Marie Last Peper

Date of Birth: Month Jan Day 16 Year 1958

Place of Birth (State or foreign country) Columbus, Ohio

Residence Address: Street or R. R. 20 Richfield Ln. City Danville County State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) 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.
   Jason Brehman Peper
   Justin Marshall Peper

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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 Streebeck Jr.
   Residence of father (if deceased so state) Greenfield, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Anne Davis
   Residence of mother (if deceased so state) Greenfield, 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 Sandra M Peper

New Address 20 Richfield, Danville

Subscribed and sworn to before me this 27 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* 31 *day of* July, 19 81, *authorizing the joining together as husband and wife* Randolph E. McKinley *and* Sandra M Peper

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

I, Mary Jane Russell *hereby certify that on the* 31 *day of* July, *one thousand nine hundred and* 81 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Randolph E. McKinley *of* Hendricks *County, State of* Indiana *and, Bride* Sandra M Peper *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 31 *day of* July, 19 81.

Signed Mary Jane Russell

Official Designation Clerk, Hendricks Co.

Filed and recorded in accordance with the laws of the State of Indiana this 31 *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. 395

File 42

7-27-81 Date of Application

MALE
Medical Examination Report Dated 7-14-81
Name of Physician J. D. Spivall

FEMALE
Medical Examination Report Dated 7-14-81
Name of Physician J. D. Spivall

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

Date of Birth: Month 4 Day 16 Year 60

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RR 1 Box 93A City Jamestown County [illegible] State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) D.L. w/pict

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father [illegible] Layne
   Residence of father (if deceased so state) [illegible]
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Silvia J. Hibbs
   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 John A Layne
New Address RR 1 Box 93A Jamestown

Subscribed and sworn to before me this 27 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 Pamela Middle [illegible] Last Joseph

Date of Birth: Month 12 Day 4 Year 63

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RR 1 Box 33 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) .....

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Joseph
   Residence of father (if deceased so state) Lizton, Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Thelma Smith
   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 Pamela Joseph
New Address RR 1 Box 93A Jamestown

Subscribed and sworn to before me this 27 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 X James Joseph Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 ..... 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 July, 19 81, authorizing the joining together as husband and wife John Layne and Pamela Joseph

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

I, Raymond L. Rader hereby certify that on the 1 day of Aug, County of Hend., one thousand nine hundred and 81 at Lizton, County, State of IN State of Indiana, Groom John Layne of Hendricks, County, State of IN and, Bride Pamela Joseph 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 Aug, 19 81. Signed Raymond L. Rader

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 19 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. 395
File 42
7-27-81
Date of Application

MALE
Medical Examination Report Dated 7-14-81
Name of Physician J. D. Ingwall

FEMALE
Medical Examination Report Dated 7-14-81
Name of Physician J. D. Ingwall

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 [illegible] Last [illegible]
Date of Birth: Month 4 Day 16 Year 60
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. RR 1 Box 93A City Jamestown County [illegible] State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) D.L. w/pict

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

State of 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 K. Last Joseph
Date of Birth: Month 12 Day 4 Year 63
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. RR 1 Box 33 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) .....

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

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

7/23/81

To Whom It May Concern,

I, Thelma J. Joseph, give my permission for my daughter, Pamela K. Joseph, to marry John A. Layne on August 1, 1981.

Thelma J. Joseph

Subscribed and Sworn to before me this 23 day of July 19 81.

[signature]
Notary Public
My Commission Expires 2-1 1983

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 HENDRICKS Circuit Court of Indiana dated the 31 day of July, 19 81, authorizing the joining together as husband and wife John Layne and Pamela Joseph.

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

I, Raymond L. Rader hereby certify that on the 1 day of Aug., one thousand nine hundred and 81 at Lizton, County of Hend., State of Indiana, Groom John Layne of Hendricks County, State of IN, and, Bride Pamela Joseph 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 Aug, 19 81. Signed Raymond L. Rader
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 19 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. 396

File

July 24, 1981
Date of Application

MALE
Medical Examination Report Dated 7-18-81
Name of Physician Michael T Jeeley

FEMALE
Medical Examination Report Dated 7-18-81
Name of Physician Michael T Jeeley

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

MALE APPLICANT

Name: First Brent Middle Lee Last Taylor

Date of Birth: Month Nov. Day 3 Year 1961

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. C/ Mark T Mason 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 Lee Taylor
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Karen Chapman
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) N. J.

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

Signed Brent Lee Taylor

New Address 82 E. Clinton Danville

Subscribed and sworn to before me this 27 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 Leanna Middle Jane Last Halton

Date of Birth: Month Aug. Day 16 Year 1962

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 82 E. Clinton City Danville County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

New Address 82 E Clinton Danville

Subscribed and sworn to before me this 27 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* 3rd *day of* Aug., 19 81, *authorizing the joining together as husband and wife* Brent Lee Taylor *and* Leanna Jane Halton.

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

I, Stanley A. Johnson *hereby certify that on the* 8 *day of* Aug., *one thousand nine hundred and* 81 *at* Danville, *State of Indiana, Groom* Brent Lee Taylor *of* Hendricks, *County of* Hendricks, *and, Bride* Leanna J. Halton *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, State of* In.

Dated this 8 *day of* Aug., 19 81.

Signed Stanley A. Johnson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 *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. 397

File

7-27-81 Date of Application

MALE
Medical Examination Report Dated 7-10-81
Name of Physician George Avery

FEMALE
Medical Examination Report Dated 7-10-81
Name of Physician George Avery

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

MALE APPLICANT

Name: First Timothy Middle Floyd Last Thompson

Date of Birth: Month 11 Day 15 Year 1962

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. RR 1 Box 358 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 William M. Thompson
   Residence of father (if deceased so state) Clayton, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lauretta M. McClintock
   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 Timothy F Thompson

New Address RLAINFLD IND

Subscribed and sworn to before me this 27 day of July, 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

FEMALE APPLICANT

Name: First Lila Middle J. Last Benge

Date of Birth: Month 10 Day 10 Year 1963

Place of Birth (State or foreign country) Danville Ind

Residence Address: Street or R. R. RR 1 Box 358 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 Franklin D. Benge
   Residence of father (if deceased so state) Plainfield Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Serria Sue Wilson
   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 Lila J. Benge

New Address Plainfield Ind.

Subscribed and sworn to before me this 27 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 Serria Sue Benge Mother

Subscribed and sworn to before me this 27 day of July, 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 ..... 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 HENDRICKS Circuit Court of Indiana dated the 4 day of August, 19 81, authorizing the joining together as husband and wife Timothy F Thompson and Lila J. Benge.

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

I, J. E. Childress hereby certify that on the 22 day of Aug., one thousand nine hundred and 81 at Indpls. County of Marion, State of Ind, State of Indiana, Groom Timothy F. Thompson of Marion County, State of Ind, and, Bride Lila J. Benge of Marion were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 22 day of Aug., 19 81 Signed J. E. Childress

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 25 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. ~~[illegible]~~ 398

File

July 27, 1981
Date of Application

MALE
Medical Examination Report Dated 7-21-81
Name of Physician Timothy Nichols

FEMALE
Medical Examination Report Dated 7-27-81
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 Darrel Middle Glen Last Burnside

Date of Birth: Month Aug. Day 1 Year 1959

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 7065 E Rd 400 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)

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

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

New Address W. Wind Terrace Apts Indpls

Subscribed and sworn to before me this 27 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 Patricia Middle Ann Last Curry

Date of Birth: Month May Day 1 Year 1960

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 22 N. Fleming City Indpls. County Marion State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

New Address West Wind Terrace Apts Indpls

Subscribed and sworn to before me this 27 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* 31 *day of* July, 19 81, *authorizing the joining together as husband and wife* Darrell Glen Burnside *and* Patricia Ann Curry
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, C. Allen Burnside *hereby certify that on the* 8 *day of* August, *one thousand nine hundred and* 81 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Darrell Glen Burnside *of* Hendricks *County, State of* Indiana *and, Bride* Patricia Ann Curry *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 8 *day of* August, 19 81.

Signed C. Allen Burnside
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14 *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. 399

File 42

7-28-81 Date of Application

MALE
Medical Examination Report Dated 7-18-81
Name of Physician M. Hadley

FEMALE
Medical Examination Report Dated 7-18-81
Name of Physician 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 Craig Middle Everett Last Moore

Date of Birth: Month 2 Day 3 Year 60

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 30 E. Edgewood 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. No

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

New Address Bloomington Ind

Subscribed and sworn to before me this 28 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 Lynn Middle A Last Hadley

Date of Birth: Month 8 Day 25 Year 60

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 5 Pleasant Hill Rd. City Danville County State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

New Address Bloomington Ind

Subscribed and sworn to before me this 28 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 3 day of August, 1981, authorizing the joining together as husband and wife Craig E. Moore and Lynn A. Hadley

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

I, John L. Crose hereby certify that on the 14 day of Aug., one thousand nine hundred and 81 at Danville, County of Hendricks, State of Indiana, Groom Craig E. Moore of Hendricks County, State of IN, and, Bride Lynn A. Hadley 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 Aug., 1981. Signed John L. Crose

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 31 day of Aug., 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. 400

File

July 30 1981
Date of Application

MALE
Medical Examination Report Dated 7-27-81
Name of Physician James Black

FEMALE
Medical Examination Report Dated 7-27-81
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 Walter Middle M. Last Bishop

Date of Birth: Month July Day 22 Year 1950

Place of Birth (State or foreign country) Ky

Residence Address: Street or R. R. 518 Westbury Dr. Apt B City Adpls 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 Harold Bishop
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Katherine Broderick
   Residence of mother (if deceased so state) Cincinnati Ohio
   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 W.M. Bishop
New Address 6 EDWARDS CT. BROWNSBURG, IN.

Subscribed and sworn to before me this 30 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 Kay Middle Ellen Last Burris

Date of Birth: Month Jan Day 31 Year 1949

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 6 Edward Ct City Brownsburg County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Dr. License

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Marshall Fuller
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Wanda Sewell
   Residence of mother (if deceased so state) Jamestown, 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 K E Burris
New Address 6 Edward Ct Brownsburg

Subscribed and sworn to before me this 30 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 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* 30 *day of* JULY, *19* 81, *authorizing the joining together as husband and wife* WALTER M. BISHOP *and* KAY ELLEN BURRIS
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, C. MARK TOMPKINS *hereby certify that on the* 1 *day of* AUGUST, *one thousand nine hundred and* 81, *at* HENDRICKS COUNTY, *County of* HENDRICKS, *State of Indiana, Groom* WALTER M. BISHOP *of* HENDRICKS *County, State of* IN, *and, Bride* KAY ELLEN BURRIS *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* AUGUST, *19* 81.

Signed C. MARK TOMPKINS
Official Designation MINISTER JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 4 *day of* X 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. 401

File 42

7-30-81 Date of Application

MALE
Medical Examination Report Dated 7-22-81

Name of Physician Scudder

FEMALE
Medical Examination Report Dated 7-22-81

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 Kent Middle Allen Last Ward

Date of Birth: Month 3 Day 22 Year 39

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 8525 E 400 N City Brownsburg County [illegible] State Ind

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Driver 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.
   No

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

New Address 8525 E. 400 N. Brownsburg Ind.

Subscribed and sworn to before me this 30 day of July, 1981.

Mary Jane Rennolds Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Louise Last Whitaker

Date of Birth: Month 6 Day 4 Year 63

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 6324 W. Market St. 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).....

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

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

New Address 8525 E 400 No. Brownsburg, Ind 46112

Subscribed and sworn to before me this 30 day of July, 1981.

Mary Jane Rennolds Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day 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 3 day of August, 19 81, authorizing the joining together as husband and wife Kent A. Ward and Joan L. Whitaker

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

I, Jeffrey S. Carey hereby certify that on the 8 day of Aug, at Indpls, County of Marion, one thousand nine hundred and 81 at Hendricks County, State of In, State of Indiana, Groom Kent A. Ward of Hendricks County, State of In, and, Bride Joan L. Whitaker 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 8 day of Aug, 19 81. Signed Jeffrey S. Carey

Official Designation J.P. Appointee

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of Aug, 19 81

Signed Mary Jane Rennolds Clerk

HENDRICKS Circuit Court

480

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 402
File 12
7-30-81
Date of Application

MALE
Medical Examination Report Dated 7-29-81
Name of Physician D. Haggard

FEMALE
Medical Examination Report Dated 7-29-81
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 Lawrence Middle W. Last Lee
Date of Birth: Month 5 Day 16 Year 57
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 1732 Cottonwood St. City Plfd. County State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers Lic. w/Print.

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Lee
   Residence of father (if deceased so state) Plfd. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Sue C. Myers
   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 ✗ Lawrence W Lee
New Address 1732 Cottonwood St Plfd. In.

Subscribed and sworn to before me this 30 day of July, 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Julie Middle Kay Last Hodgin
Date of Birth: Month 7 Day 13 Year 57
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 1109 Stafford 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/Print.

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 D. Hodgin
   Residence of father (if deceased so state) Plfd. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Norma Boatbrake
   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 ✗ Julie Kay Hodgin
New Address ~~1109 Stafford Rd.~~ 1732 Cottonwood St. Plfd. In

Subscribed and sworn to before me this 30 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* 4 *day of* Aug., 19 81, *authorizing the joining together as husband and wife* Lawrence W. Lee *and* Julie Kay Hodgin
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Reverend Richard Gore *hereby certify that on the* 8 *day of* Aug., *one thousand nine hundred and* 81 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Lawrence W. Lee *of* Hendricks *County, State of* Indiana *and, Bride* Julie Kay Hodgin *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* Aug., 19 81.

Signed Rev. Richard Gore
Official Designation Roman Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 14 *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. 403

File

7-30-81 Date of Application

MALE
Medical Examination Report Dated 7-23-81
Name of Physician Donald J. Kerner

FEMALE
Medical Examination Report Dated 7-23-81
Name of Physician Donald J. Kerner

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

MALE APPLICANT

Name: First Sidney Middle B. Last Little

Date of Birth: Month 5 Day 24 Year 1961

Place of Birth (State or foreign country) Kokomo Ind

Residence Address: 1340 Street or R. R. W. Wash 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 Willis F. Little
   Residence of father (if deceased so state) Greentown, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Edith E. Carmichael
   Residence of mother (if deceased so state) Greentown, 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 Sidney B. Little

New Address 11340 W. WASHINGTON ST. INDPLS.

Subscribed and sworn to before me this 30 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 Cathy Middle L. Last Bryarly

Date of Birth: Month 1 Day 21 Year 1961

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

Residence Address: PO Box 336 Street or R. R. Wfld 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)

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

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

New Address 11340 W. Washington St. Indpls.

Subscribed and sworn to before me this 30 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 ..... on the 3 day of August, 19 81, authorizing the joining together as husband and wife of Indiana dated the ..... and Sidney B. Little and Cathy L. Bryarly

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

I, Larry D. Johnson hereby certify that on the 3 day of Aug. at Southport Baptist Church, County of Marion, one thousand nine hundred and 81 of Howard County, State of IN State of Indiana, Groom Sidney B. Little of Hendricks County, State of IN and, Bride ~~Cathy~~ Cathy L. Bryarly 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 Aug, 19 81. Signed Larry D. Johnson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 25 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. 404

File

July 30, 1981
Date of Application

MALE
Medical Examination Report Dated 7-23-81
Name of Physician Thomas A. Jones

FEMALE
Medical Examination Report Dated 7-23-81
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 Brett Middle Michael Last West

Date of Birth: Month Apr. Day 18 Year 1961

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 9241 Windriver Ct City Indpls County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

New Address 9241 Windriver Ct.

Subscribed and sworn to before me this 30 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 Deanna Middle Lynn Last Kiser

Date of Birth: Month Oct Day 23 Year 1960

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RT 18 Box 155 I 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 male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

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

New Address 9241 Wind River Ct.

Subscribed and sworn to before me this 30 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

Be 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* Aug *, 19* 81 *, authorizing the joining together as husband and wife* BRETT M. WEST *and* DEANNA L. KISER

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

I, CHARLES E. CHESTNUT *hereby certify that on the* 15 *day of* AUGUST *, one thousand nine hundred and* 81 *at* INDPLS. *, County of* MARION *, State of Indiana, Groom* BRETT M. WEST *of* MARION *County, State of* IN *and, Bride* DEANNA L. KISER *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 15 *day of* AUGUST *, 19* 81 .

Signed CHARLES E. CHESTNUT

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 18 *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. 405

File

7-31-81 Date of Application

MALE
Medical Examination Report Dated 7-28-81
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 7-28-81
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 Robert Middle G. Last Rosemeyer

Date of Birth: Month 3 Day 29 Year 1957

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

Residence Address: Street or R. R. R#3 Box 26 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 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 William Arron Rosemeyer
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nancy K. Turner
   Residence of mother (if deceased so state) Brownsburg
   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 Robert G. Rosemeyer

New Address San Antonio, Texas

Subscribed and sworn to before me this 31 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 Ellen Middle Marie Last Broderick

Date of Birth: Month 8 Day 16 Year 1956

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

Residence Address: Street or R. R. 4520 Mission Dr. City Apt 189 County Indpls State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) 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 Martin Wm. Broderick
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Ermalinda Morally
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Italy

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

Signed Ellen M. Broderick

New Address San Antonio Texas

Subscribed and sworn to before me this 31 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 Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 31 day of July, 19 81, authorizing the joining together as husband and wife Robert G. Rosemeyer and Ellen M. Broderick

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

I, Joseph D. Wilson hereby certify that on the 2 day of August, one thousand nine hundred and 81 at Brownsburg, County of Hendricks, State of Indiana, Groom Robert G. Rosemeyer of Hendricks County, State of IN and, Bride Ellen M. Broderick 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 2 day of August, 19 81.

Signed Joseph D. Wilson

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. 406

File

July 31 1981
Date of Application

MALE
Medical Examination Report Dated 7-28-81
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 7-28-81
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 David Middle Alan Last Pine

Date of Birth: Month Nov. Day 13 Year 1958

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1736 Foxglen Dr. City Indpls County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

New Address Orville, In.

Subscribed and sworn to before me this 31 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 Michelle Middle Anne Last Kihl

Date of Birth: Month Oct. Day 29 Year 1958

Place of Birth (State or foreign country) Va.

Residence Address: Street or R. R. 508 Connie Dr. 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 Gerald Kihl
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) N. Y.
9. Full maiden name of mother Shirley Mackenburg
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) N. Y.

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

Signed Michelle Kihl

New Address Orville, Ind.

Subscribed and sworn to before me this 31 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 6 day of Aug, 19 81, authorizing the joining together as husband and wife DAVID ALAN PINE and MICHELLE ANN KIHL

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

I, WILLIAM A. PAPPANO hereby certify that on the 8th day of AUGUST one thousand nine hundred and 81 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom DAVID ALAN PINE of MARION County, State of IN and, Bride MICHELLE ANN KIHL of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 8th day of AUGUST, 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. 407

File

7-31-81 Date of Application

MALE
Medical Examination Report Dated 7-30-81
Name of Physician James Black

FEMALE
Medical Examination Report Dated 7-30-81
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 Michael Middle Lee Last Landis

Date of Birth: Month 3 Day 8 Year 1947

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

Residence Address: Street or R. R. 4135 Evelyn 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) Divorce decree

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

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

New Address 966 N Fibbs

Subscribed and sworn to before me this 31 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 Dawn Middle D. Last Lucas

Date of Birth: Month 4 Day 13 Year 1963

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

Residence Address: Street or R. R. RR 1, Faith City North Salem County Ind. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) .....

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

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

New Address 966 N Fibbs

Subscribed and sworn to before me this 31 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 #1 Court by written order issued 3 days 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 ..... of Indiana dated the 31 day of July, 19 81, authorizing the joining together as husband and wife MICHAEL LANDIS and DAWN D. LUCAS

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

I, A.J. BLAKE hereby certify that on the 31 day of JULY, one thousand nine hundred and 81 at INDPLS., County of MARION, State of Indiana, Groom MICHAEL LANDIS of MARION County, State of IN, and, Bride DAWN D. LUCAS 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 31 day of JULY, 19 81. Signed A.J. BLAKE

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 17 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. 408

File

July 31, 1981
Date of Application

MALE
Medical Examination Report Dated 7-28-81
Name of Physician Irving Cohen, MD.

FEMALE
Medical Examination Report Dated 7-28-81
Name of Physician Irving Cohen, 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 D. Last Coomes

Date of Birth: Month August Day 28 Year 1959

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

Residence Address: 2406 Westbrook Dr. 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 female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

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

New Address Peppermill Dr Apt C Lafayette

Subscribed and sworn to before me this 31 day of July, 1981.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Deborah Middle J. Last Sanders

Date of Birth: Month January Day 20 Year 1959

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

Residence Address: 485 E. Wall Street Pike 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 (picture)

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

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

New Address Peppermill Dr Apt C Lafayette

Subscribed and sworn to before me this 31 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 7 day of August, 19 81, authorizing the joining together as husband and wife Michael D. Coomes and Deborah J. Sanders

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

I, Dennis R. Fulton hereby certify that on the 8 day of Aug one thousand nine hundred and 81 at INDPLS. State of Indiana, Groom Michael D. Coomes of Hendricks County, State of IN and, Bride Deborah J. Sanders of Hendricks County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 7 day of Aug, 19 81.

Signed Dennis R. Fulton

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11 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. 31-1-13-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 409

File

Aug. 3, 1981
Date of Application

MALE
Medical Examination Report Dated 7-4-81
Name of Physician D. M. Hadley

FEMALE
Medical Examination Report Dated 7-28-81
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 Donald Middle M. Last Prather

Date of Birth: Month July Day 8 Year 1959

Place of Birth (State or foreign country) Ind.

Residence Address: 502 Harlan Street or R. R. Plainfield 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) 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 M. D. Prather
   Residence of father (if deceased so state) Dead, Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Nancy Kay
   Residence of mother (if deceased so state) Dead, 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 M. Prather

New Address 6414 Middlebury Fayetteville, NC

Subscribed and sworn to before me this 4 day of August, 19 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Lynn Last Acton

Date of Birth: Month Dec. Day 13 Year 1958

Place of Birth (State or foreign country) Ind.

Residence Address: 10433 W. Stafford Street or R. R. Crapsville County Hend. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Dr. License

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

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

New Address ✕ 6414 Middlebury Fayetteville NC 28303

Subscribed and sworn to before me this 3 day of Aug, 19 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... 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 Aug, 1981, authorizing the joining together as husband and wife Donald M. Prather and Sharon L. Acton

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

I, Ted Rigdon Sr. hereby certify that on the 8 day of Aug, one thousand nine hundred and 81 at Mooresville, County of Morgan, State of Indiana, Groom Donald M. Prather of Hendricks County, State of Ind, and, Bride Sharon L. Acton 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 8 day of Aug, 19 81. Signed Ted Rigdon Sr

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13 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. 410

File

8-4-81
Date of Application

MALE
Medical Examination Report Dated July 13, 1981
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated July 13, 1981
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 Wayne Middle Anthony Last Long
Date of Birth: Month April Day 20 Year 1961
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address: Street or R. R. 11080 W. Washington Lot 37 City Indpls. County State Ind
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Burt Rowell Long
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Ann Pagent
   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 Wayne Anthony Long
New Address 11080 W. Washington St

Subscribed and sworn to before me this 4 day of Aug, 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 Janet Middle Louise Last Roe
Date of Birth: Month December Day 22 Year 1960
Place of Birth (State or foreign country) Beech Grove, Ind.
Residence Address: Street or R. R. 17 Elm Dr. City Plainfield County State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Paul Roe
   Residence of father (if deceased so state) Plainfield, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Clara Sue Allen
   Residence of mother (if deceased so state) Plainfield, 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 Janet Roe
New Address 11080 W. Washington St

Subscribed and sworn to before me this 4 day of Aug, 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* Aug, 19 81, *authorizing the joining together as husband and wife* Wayne Anthony Long *and* Janet L. Roe
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, William Clayton *hereby certify that on the* 15 *day of* Aug. *one thousand nine hundred and* 81 *at* PLFD, *State of Indiana, Groom* Wayne A. Long *of* Hendricks, *County of* Hendricks, *and, Bride* Janet L. Roe *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, State of* IN.
Dated this 15 *day of* Aug, 19 81.

Signed William R. Clayton
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 19 *day of* 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. 411

File 42

8-3-81 Date of Application

MALE
Medical Examination Report Dated 7-28-81

Name of Physician Powell

FEMALE
Medical Examination Report Dated 7-28-81

Name of Physician Powell

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

MALE APPLICANT

Name: First Jon Middle — Last Joseph

Date of Birth: Month 2 Day 19 Year 62

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Rt 1 Box 333 City Lizton County — 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 Lic. 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. No

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Edward Joseph
   Residence of father (if deceased so state) Rt 1 Box 33 Lizton
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Helen Smith
   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 Jon E. Joseph

New Address RR 1 Box 126 Jamestown, In 81

Subscribed and sworn to before me this 3 day of August, 19

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Nancy Middle — Last Pennington

Date of Birth: Month 9 Day 24 Year 57

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Rt 1 Box 87 City Lizton County — 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 Lic. 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. No

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Alva Pennington
   Residence of father (if deceased so state) Rt 1 Box 155 Lizton Ind.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Ruth Denning
   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 Nancy L Pennington

New Address RR #1 Box 126 Jamestown Ind

Subscribed and sworn to before me this 3 day of August, 19 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* July *, 19* 81 *, authorizing the joining together as husband and wife* JON JOSEPH *and* NANCY PENNINGTON

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

I, RAYMOND L. RADER *hereby certify that on the* 15 *day of* AUGUST *one thousand nine hundred and* 81 *at* LIZTON *, County of* HENDRICKS *, State of Indiana, Groom* JON JOSEPH *of* HENDRICKS *County, State of* IN *and, Bride* NANCY PENNINGTON *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 15 *day of* AUGUST *, 19* 81 *Signed* RAYMOND L. RADER

Official Designation PASTON

Filed and recorded in accordance with the laws of the State of Indiana this 18 *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. 412

File

8-5-81
Date of Application

MALE
Medical Examination Report Dated July 29, 1981

Name of Physician Robert Heaven

FEMALE
Medical Examination Report Dated 7-29-81

Name of Physician Robt. Heaven

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

MALE APPLICANT

Name: First Darrell Middle G. Last Wallace

Date of Birth: Month 12 Day 14 Year 1956

Place of Birth (State or foreign country) Greencastle Ind

Residence Address: Street or R. R. RR 1 Box 158 City Coatsville 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/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 Randall Glen Wallace
   Residence of father (if deceased so state) Coatsville Indiana
   Birthplace of father (State or foreign country) Ams, Indiana
9. Full maiden name of mother Doris Irene ~~Hays~~ Cave
   Residence of mother (if deceased so state) Coatsville Ind.
   Birthplace of mother (State or foreign country) Danville Ind.

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

Signed x Darrell G Wallace

New Address RI Box 158 Coatsville

Subscribed and sworn to before me this 5 day of August, 1981.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Dawn Middle R. Last Cummings

Date of Birth: Month 6 Day 14 Year 1962

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

Residence Address: Street or R. R. RR2 Box 87 City Coatsville 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 Ralph William Cummings
   Residence of father (if deceased so state) Coatsville Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Frankie Lou Johnson
   Residence of mother (if deceased so state) Coatsville 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 Dawn R Cummings

New Address Same

Subscribed and sworn to before me this 5 day of August, 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* 10 *day of* Aug, 1981, *authorizing the joining together as husband and wife* DARRELL G. WALLACE *and* DAWN R. CUMMINGS

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

I, JEWEL E. DEWEES *hereby certify that on the* 15 *day of* AUGUST, *one thousand nine hundred and* 81 *at* COATESVILLE, *County of* HENDRICKS, *State of Indiana, Groom* DARRELL G. WALLACE *of* HENDRICKS *County, State of* IN *and, Bride* DAWN R. CUMMINGS *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 15 *day of* AUGUST, 19 81.

Signed JEWEL E. DEWEES

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 18 *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. 413

File

Aug 5, 1981 Date of Application

MALE
Medical Examination Report Dated 7-29-81
Name of Physician R. Heavin

FEMALE
Medical Examination Report Dated 7-29-81
Name of Physician R. 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 Kenneth Middle Ray Last Cooper

Date of Birth: Month Sept Day 15 Year 1959

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

Residence Address: Street or R. R. RR#3 Box 354 City Clayton County State Ind

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Drivers Lic w/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 Merle L. Cooper
   Residence of father (if deceased so state) Clayton, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jonice Charlene Milton
   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 Kenneth Ray Cooper

New Address RR#3 CLAYTON

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

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Pamela Middle M. Last Armour

Date of Birth: Month April Day 26 Year 1959

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

Residence Address: Street or R. R. RR#2 Box 147 City Clayton County State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Drivers 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 Earl Armour
   Residence of father (if deceased so state) Clayton, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen Mae Barnette
   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 Pamela M. Armour

New Address RR#3 Clayton

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

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* ..... *, 19*81*, authorizing the joining together as husband and wife of Indiana dated the* 10 *day of* Aug *and* PAMELA M. ARMOUR KENNETH R. COOPER

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

I, JOHNIE EDWARDS *hereby certify that on the* 15 *day of* AUGUST *one thousand nine hundred and* 81 *at* HAZLEWOOD, *County of* HENDRICKS, *State of Indiana, Groom* KENNETH R. COOPER *of* HENDRICKS *County, State of* IN *and, Bride* PAMELA M. ARMOUR *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, *19*81. *Signed* JOHNIE EDWARDS

Official Designation EVANGELIST

Filed and recorded in accordance with the laws of the State of Indiana this 18 *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. 414

File

Aug 6, 1981
Date of Application

MALE
Medical Examination Report Dated 8-6-81
Name of Physician A. Scudder

FEMALE
Medical Examination Report Dated 8-6-81
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 Donald Middle L. Last Barton

Date of Birth: Month March Day 8 Year 1921

Place of Birth (State or foreign country) New Douglas, Ill

Residence Address: Street or R. R. 217 Maple Ln 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 William C Barton
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Agnes McKnight
   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 Donald L. Barton
New Address 9 E College Brownsburg

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

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 A. Last Sharp

Date of Birth: Month Jun Day 21 Year 1940

Place of Birth (State or foreign country) Cottage Grove, Ill

Residence Address: Street or R. R. 9 E. College 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.
   Dennis Sharp 18
   Donny Joe Sharp 20

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Nelson Bruce
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Mary Elizbeth Muensterman
   Residence of mother (if deceased so state) Speedway, 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 Julia A. Sharp
New Address 9 E. College Brownsburg

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

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Aug, 19 81, authorizing the joining together as husband and wife DONALD L. BARTON and JULIA A. SHARP

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

I, JOSEPH D. WILSON hereby certify that on the 15 day of AUGUST, one thousand nine hundred and 81 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom DONALD L. BARTON of HENDRICKS County, State of IN and, Bride JULIA A. SHARP 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 15 day of AUGUST, 19 81.

Signed JOSEPH D. WILSON
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 18 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. 415

File

August 7, 1981 Date of Application

MALE
Medical Examination Report Dated 8-4-81
Name of Physician A. Fisher

FEMALE
Medical Examination Report Dated 8-5-81
Name of Physician C. McCalla

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

Date of Birth: Month December Day 25 Year 1953

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

Residence Address: Street or R. R. 3919 S. State City Indianapolis County State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Drivers Lic w/pic

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

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

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

Signed David R. Wells MD

New Address 626 E. Main, Plainfield, IN.

Subscribed and sworn to before me this 7 day of Aug, 19 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Ronda Middle L. Last Johnson

Date of Birth: Month July Day 31 Year 1957

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: Street or R. R. 626 E. Main St. City Plainfield County In State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Drivers Lic w/pic

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

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

New Address 626 East Main, Plainfield

Subscribed and sworn to before me this 7 day of Aug, 19 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day 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 13 day of August, 19 81, authorizing the joining together as husband and wife David R. Wells and Ronda L. Johnson

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

I, Ronald M. Johnson hereby certify that on the 5 day of Sept, one thousand nine hundred and 82 at Indpls. County of Marion State of Indiana, Groom David R. Wells of Marion County, State of IN and, Bride Ronda L. Johnson 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 5 day of Sept, 19 82. Signed Ronald M. Johnson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of ~~Jan~~ Feb, 19 82

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 416
File 42
8-7-81
Date of Application

MALE
Medical Examination Report Dated 8-4-81
Name of Physician D. M. Walker

FEMALE
Medical Examination Report Dated 8-4-81
Name of Physician D. 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 David Middle S. Last Mayfield
Date of Birth: Month 4 Day 14 Year 43
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 2328 Fair Oaks Dr. 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.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Mark David
   Gregory Allen
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Sailer Mayfield
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary Miller
   Residence of mother (if deceased so state) 3216 N. Norman Indpls.
   Birthplace of mother (State or foreign country) Ind.

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

Signed David S. Mayfield
New Address Box 95 Church St. Lizton Ind

Subscribed and sworn to before me this ~ day of August, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Janet Middle Lee Last Cooper
Date of Birth: Month 8 Day 19 Year 46
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. Box 95 - 204 Church St. 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 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.
   James David
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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) Penn.
9. Full maiden name of mother Lilly Hines
   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 Janet L. Cooper
New Address Box 95 - Lizton, In. 46149

Subscribed and sworn to before me this ~ day of August, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 14 *day of* Aug, 19 81, *authorizing the joining together as husband and wife* David S. Mayfield *and*.....

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* August, *one thousand nine hundred and* 81 *at* Danville, *State of Indiana, Groom* David S. Mayfield *of* Marion *County, State of* Indiana *and, Bride* Janet Lee Cooper *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 14 *day of* August, 19 81.

Signed John C. Maurer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 14 *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. 417

File

8-7-81 Date of Application

MALE
Medical Examination Report Dated 8-4-81
Name of Physician Lawrence A. Reity

FEMALE
Medical Examination Report Dated 8-4-81
Name of Physician Lawrence A. Reity, M.D.

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

MALE APPLICANT

Name: First Michael Middle W. Last Smith

Date of Birth: Month 10 Day 19 Year 1953

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

Residence Address: Street or R. R. 1661 S Lynhurst 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 Chester L Smith
   Residence of father (if deceased so state) Lapels Ind.
   Birthplace of father (State or foreign country) Bowling Green KY
9. Full maiden name of mother Marcella Ky Amos
   Residence of mother (if deceased so state) Lapels Ind.
   Birthplace of mother (State or foreign country) Ky - Indiana

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. Smith

New Address 448 N. Odell St.

Subscribed and sworn to before me this 14 day of August, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Mauritz

Date of Birth: Month 8 Day 1 Year 1957

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

Residence Address: Street or R. R. 448 N. Odell 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.
   Brian Victor Mauritz
   Bradley Kurt Mauritz
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donn R. Brace
   Residence of father (if deceased so state) Speedway, Ind.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Helen Marie Borgmann
   Residence of mother (if deceased so state) Speedway, Ind.
   Birthplace of mother (State or foreign country) Indiana

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

Signed x Cynthia Ann Mauritz

New Address 448 N Odell Brownsburg, Ind.

Subscribed and sworn to before me this 7 day of Aug., 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 14 *day of* AUGUST, *19* 81, *authorizing the joining together as husband and wife* MICHAEL W. SMITH *and* CYNTHIA ANN MAURITZ

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

I, WILLAIM GRANT NIGH *hereby certify that on the* 15 *day of* AUGUST, *one thousand nine hundred and* 81 *at* ZION EVANGELICAL UCC, *County of* MARION, *State of Indiana, Groom* MICHAEL W. SMITH *of* MARION *County, State of* IN, *and, Bride* CYNTHIA ANN MAURITZ *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* AUGUST, *19* 81. *Signed* WILLIAM FRANT NIGH

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 18 *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. 418

File

Aug 7, 1981
Date of Application

MALE
Medical Examination Report Dated 8-4-81

Name of Physician L. Martin

FEMALE
Medical Examination Report Dated 8-4-81

Name of Physician L. Martin

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

Date of Birth: Month April Day 23 Year 1955

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

Residence Address: Street or R. R. 3320 S. Smith Rd City Indianapolis County State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) 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 Clifford F Luther
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Virginia L. Mullins
   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 Joseph F Luther

New Address 6018 Cheshire Rd

Subscribed and sworn to before me this 7 day of Aug, 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 Kim Middle M. Last Strycker

Date of Birth: Month July Day 25 Year 1957

Place of Birth (State or foreign country) Indianapolis Ind

Residence Address: Street or R. R. 6018 Cheshire Rd. City Indianapolis County State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) 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 Edward Lee Strycker
   Residence of father (if deceased so state) Indianapolis, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carolyn Sue Clowning
   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 Kim M Strycker

New Address 6018 Cheshire Rd.

Subscribed and sworn to before me this 7 day of Aug, 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* 14 *day of* Aug, 19 81, *authorizing the joining together as husband and wife* Joseph F. Luther *and* Kim M. Stryker

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

I, Jerry L. Williams *hereby certify that on the* 15 *day of* Aug, *one thousand nine hundred and* 81 *at* ~~Johnson~~ Trafalger, *County of* Johnson, *State of Indiana, Groom* Joseph F. Luther *of* Hendricks *County, State of* Hendricks *and, Bride* Kim M. Stryker *of* Marion *County, State of* Marion, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 15 *day of* Aug, 19 81.

Signed Jerry L Williams

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 *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. 419

File

8-10-81 Date of Application

MALE
Medical Examination Report Dated 8-7-81
Name of Physician J. E. Gillespie

FEMALE
Medical Examination Report Dated 8-7-81
Name of Physician J. E. Gillespie

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

MALE APPLICANT

Name: First Maynard Middle E. Last McKee

Date of Birth: Month 7 Day 18 Year 1945

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

Residence Address: Street or R. R. 144 Noback 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 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 Eugene Clark McKee
   Residence of father (if deceased so state) Unknown
   Birthplace of father (State or foreign country) Unknown.
9. Full maiden name of mother Betty Jean Nickels
   Residence of mother (if deceased so state) Jamestown 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 Maynard E McKee

New Address R.R. 1 Box 175, Danville, Ind.

Subscribed and sworn to before me this 10 day of August, 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 J. Last Beard

Date of Birth: Month 5 Day 2 Year 1945

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. RR 1 Box 185 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.
   Cassandra Sue Beard
   Craig Steven Beard (w/father)

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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 Blakett Morrison
   Residence of father (if deceased so state) South Port, Ind.
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Cassie Elizabeth Taylor
   Residence of mother (if deceased so state) South Port 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 Paula J Beard

New Address R.R.1, Box 185, Danville, In 46122

Subscribed and sworn to before me this 10 day of Aug, 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 14 day of Aug, 19 81, authorizing the joining together as husband and wife of Indiana dated the ..... and MAYNARD E. McKEE and PAULA J. BEARD

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

I, WILLIAM SPENCER GILLESPIE hereby certify that on the 15 day of AUGUST, at PLFD., County of HENDRICKS, one thousand nine hundred and 81 in MARION County, State of IN, State of Indiana, Groom MAYNARD E. McKEE of HENDRICKS County, State of IN, and, Bride PAULA J. BEARD 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 15 day of AUGUST, 1981. Signed WM. SPENCER GILLESPIE

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 18 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. 420

File

8-11-81
Date of Application

MALE
Medical Examination Report Dated 8-6-81
Name of Physician Larry Lovall

FEMALE
Medical Examination Report Dated 8-6-81
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 Fred Middle A. Last Brooks

Date of Birth: Month 9 Day 4 Year 39

Place of Birth (State or foreign country) Shelby Co. Ind

Residence Address: Street or R. R. 7 Johnson Ct City B'burg County Hend State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Drivers License

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

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

New Address Same

Subscribed and sworn to before me this 11 day of August, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 A. Last Frisby

Date of Birth: Month 8 Day 3 Year 41

Place of Birth (State or foreign country) Strong AK.

Residence Address: Street or R. R. 7 Johnson Ct 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.
   LaDonna Ann Frisby
   Jeffrey Dwayne Frisby

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

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

Signed x Dorothy Frisby

New Address Same

Subscribed and sworn to before me this 11 day of August, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Aug, 19 81, *authorizing the joining together as husband and wife* FRED A. BROOKS *and* DOROTHY A. FRISBY

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

I, DENNIS L. DODSON *hereby certify that on the* 15 *day of* AUGUST, *one thousand nine hundred and* 81 *at* 7 JOHNSON COURT, Brownsburg, *County of* HENDRICKS, *State of Indiana, Groom* FRED A. BROOKS *of* HENDRICKS *County, State of* IN *and, Bride* DOROTHY A. FRISBY *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 15 *day of* AUGUST, *19* 81.

Signed DENNIS L. DODSON

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 17 *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. 421

File

August 12, 1981
Date of Application

MALE
Medical Examination Report Dated 8-6-81
Name of Physician Larry R. Bachle

FEMALE
Medical Examination Report Dated 8-6-81
Name of Physician Larry R. Bachle

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

MALE APPLICANT

Name: First Matthew Middle Quay Last Gregory

Date of Birth: Month September Day 29 Year 1957

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

Residence Address: Street or R. R. 2140 Broyles Rd. City Plainfield County Hend. State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) 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.
   NO

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

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

Signed Matthew Quay Gregory

New Address 2140 Broyles Rd

Subscribed and sworn to before me this 11 day of August, 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 Mindy Middle J. Last Thurston

Date of Birth: Month August Day 31 Year 1961

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

Residence Address: Street or R. R. 2140 Broyles Rd. City Plainfield County Hend. State IN

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) 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 Douglas Randall Thurston
   Residence of father (if deceased so state) Indpls, In
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Emma Lorain Westerfield
   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 Mindy J. Thurston

New Address 2140 Broyles Rd.

Subscribed and sworn to before me this 11th day of August, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Aug., 19 81, authorizing the joining together as husband and wife Matthew Q. Gregory and Mindy J. Thurston

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

I, Dr. Joseph D. Stump hereby certify that on the 22 day of Aug, 19 81, at Danville, County of Hendricks, one thousand nine hundred and 81, State of Indiana, Groom Matthew Q. Gregory of Hendricks County, State of IN, and, Bride Mindy J. Thurston 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 22 day of Aug., 19 81. Signed Dr. Joseph D. Stump

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 25 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. 422

File

Aug 12, 1981
Date of Application

MALE
Medical Examination Report Dated 8-6-81
Name of Physician T. Greist

FEMALE
Medical Examination Report Dated 8-6-81
Name of Physician T. Greist

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

MALE APPLICANT

Name: First Timothy; Middle Alon; Last Floyd

Date of Birth: Month April; Day 12; Year 1958

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

Residence Address: Street or R. R. 6825 E 350 N.; 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 Jones Demeley Floyd
   Residence of father (if deceased so state) Brownsburg, In
   Birthplace of father (State or foreign country) Ark.
9. Full maiden name of mother Violet Roberta Helm
   Residence of mother (if deceased so state) Brownsburg, In
   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 Timothy A. Floyd
New Address 6875 E 350 N

Subscribed and sworn to before me this 12 day of Aug, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Faye; Last Jinks

Date of Birth: Month Sept; Day 6; Year 1952

Place of Birth (State or foreign country) Wilkes Co. Ky.

Residence Address: Street or R. R. 75 Milton Drive; City; County Mooresville, 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.
   Tonia Dawn Jinks 12
   Ernest Edward Jinks 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 James Mathew Seymore
   Residence of father (if deceased so state) Indianapolis, In
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Thelma Shepherd
   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 Linda Faye Jinks
New Address 6875 E. 350 N. Brownsburg

Subscribed and sworn to before me this 12 day of Aug, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Aug, 19 81, *authorizing the joining together as husband and wife* TIMOTHY ALAN FLOYD *and* LINDA FAYE JINKS

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

I, EARL W. CHESTNUT *hereby certify that on the* 20 *day of* AUG., *one thousand nine hundred and* 81 *at* BROWNSBURG, *County of* HENDRICKS *State of Indiana, Groom* TIMOTHY ALAN FLOYD *of* HENDRICKS *County, State of* IN *and, Bride* LINDA FAYE JINKS *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 20 *day of* AUG., 19 81.

Signed EARL W. CHESTNUT
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 25 *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. 423 422

File Aug. 13, 1981 Date of Application

MALE
Medical Examination Report Dated 8-3-81
Name of Physician Larry Lovell

FEMALE
Medical Examination Report Dated 8-3-81
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 John Middle W. Last Denny

Date of Birth: Month Apr. Day 22 Year 1944

Place of Birth (State or foreign country) Ky

Residence Address: Street or R. R. 11120 W. Camby Rd City Ind. 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 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.
   Tony Denny

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Avery Denny
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Charlotte Denny
   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 John Denny
New Address 11120 West Camby Rd

Subscribed and sworn to before me this 13 day of Aug., 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 F. Last Denny

Date of Birth: Month Sept Day 24 Year 1946

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

Residence Address: Street or R. R. 356 Dyckman City Peekskill County N.Y. State

Previous 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.
   Alecia 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 Eagleston
   Residence of father (if deceased so state) Yorktown Hgts, N.Y.
   Birthplace of father (State or foreign country) N.Y.
9. Full maiden name of mother Emily Bokes
   Residence of mother (if deceased so state) Wappingers Falls N.Y.
   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 Kathleen F. Denny
New Address 11120 W. Camby Rd. Ind. 46231

Subscribed and sworn to before me this 13 day of Aug., 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 12 day of Aug., 1981, authorizing the joining together as husband and wife of Indiana dated the ..... John W. Denny ..... and Kathleen F. Denny .....

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

I, Richard M. Dugan hereby certify that on the 22 day of Aug., one thousand nine hundred and 81 at Plainfield County of Hendricks, State of Ind. State of Indiana, Groom John W. Denny of Whitestown County, State of N.Y. and, Bride Kathleen F. Denny of Whitestown were by me united 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., 1981. Signed Richard M. Dugan

Official Designation Chief Justice of Ind.

Filed and recorded in accordance with the laws of the State of Indiana this 1 day of Sept., 1981.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

424

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 423

File

Aug. 13, 1981
Date of Application

MALE
Medical Examination Report Dated 8-13-81
Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated Wm Edwards 7-31-81
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 Thomas Middle Wayne Last Spears

Date of Birth: Month Nov. Day 5 Year 1960

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 250 Kimberly Dr. City Plainfield County Han State In

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

New Address 3741 Canyon Lake Dr. Apt 201 Rapid City, SD 57701

Subscribed and sworn to before me this 13 day of Aug, 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Lynn Last Anderson

Date of Birth: Month Aug Day 8 Year 1963

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 954 Highlander City Plainfield County Han 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 Chas. Wm Anderson
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Va.
9. Full maiden name of mother Cynthia Ann Scott
   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 Rebecca L. Anderson

New Address 3741 Canyon Lake Dr Apt. 201 Rapid City, S. Dakota 57701

Subscribed and sworn to before me this 13 day of Aug, 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Aug, 19 81, *authorizing the joining together as husband and wife* Thomas W. Spears *and* Rebecca L. Anderson

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

I, Rev. Francis J. Reine *hereby certify that on the* 22 *day of* Aug., *one thousand nine hundred and* 81 *at* Speedway, *County of* Marion, *State of Indiana, Groom* Thomas W. Spears *of* ~~Marion~~ Hendricks *County, State of* IN *and, Bride* Rebecca L. Anderson *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* August, 19 81.

Signed Francis J. Reine

Official Designation Catholic Priest

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. 425 424

File

8-14-81 Date of Application

MALE
Medical Examination Report Dated 8-10-81
Name of Physician Larry Lovall

FEMALE
Medical Examination Report Dated 8-10-81
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 Larry Middle C. Last Farr

Date of Birth: Month 12 Day 21 Year 1953

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

Residence Address: Street or R. R. 2702 Earlham 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) 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.
   Wendy Michelle Farr
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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. Farr
   Residence of father (if deceased so state) Indpls Ind.
   Birthplace of father (State or foreign country) Indpls Ind.
9. Full maiden name of mother Virginia Pratt
   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 Larry C. Farr

New Address 1225 W. Washington St Lot 17

Subscribed and sworn to before me this 14 day of August, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Sue Last Wilmer

Date of Birth: Month 11 Day 27 Year 1959

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. 1225 W. Washington St City Indpls County Hend. State Indpls

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify).....

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Donald Nelson
   Jennifer Louise Wilmer
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Theodore Wilmer
   Residence of father (if deceased so state) Indpls Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia Ann Ellis
   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 Peggy Sue Wilmer

New Address 1225 W. Washington St. Lot 17

Subscribed and sworn to before me this 14 day of August, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County #2 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 14 day of Aug, 1981, authorizing the joining together as husband and wife LARRY C. FARR and PEGGY SUE WILMER

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

I, WILSON ADKINS hereby certify that on the 14 day of AUGUST, one thousand nine hundred and 81 at INDPLS., County of MARION, State of IN, State of Indiana, Groom LARRY CHARLES FARR of HENDRICKS ~~X~~ County, State of IN, and, Bride PEGGY SUE WILMER 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 AUGUST, 1981. Signed WILSON ADKINS

Official Designation PREACHER

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

Signed MARY JANE RUSSELL Clerk

HENDRICKS Circuit Court

426
425

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No.

File

8-17-81
Date of Application

MALE
Medical Examination Report Dated 8-4-81
Name of Physician Patrick Foley

FEMALE
Medical Examination Report Dated 8-4-81
Name of Physician Patrick Foley

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

MALE APPLICANT

Name: First James Middle E. Last Slaven, Jr.

Date of Birth: Month 11 Day 20 Year 60

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

Residence Address: Street or R. R. 2970 Romney Rd City Lafayette County Tipp. State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Slaven Sr.
   Residence of father (if deceased so state) Lafayette Ind
   Birthplace of father (State or foreign country) Terre Haute Ind.
9. Full maiden name of mother Maretta Louise Freeman
   Residence of mother (if deceased so state) Lafayette Ind.
   Birthplace of mother (State or foreign country) Ridge Farm Ill.

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

Signed x James Edward Slaven Jr.
New Address Apt 419 201 Crawford St. Terre Haute Ind 47807

Subscribed and sworn to before me this 17 day of Aug, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Danita Middle J. Last Frye

Date of Birth: Month 4 Day 11 Year 62

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. R1 Box 282 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 Ronald Lee Frye
   Residence of father (if deceased so state) Camby Ind.
   Birthplace of father (State or foreign country) Switz City Ind
9. Full maiden name of mother Carolyn Kay Hackett
   Residence of mother (if deceased so state) Camby Ind.
   Birthplace of mother (State or foreign country) Switz. 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 Danita Jo Frye
New Address Apt 419 201 Crawford Street Terre Haute IN

Subscribed and sworn to before me this 17 day of Aug, 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 21 *day of* Aug, 19 81, *authorizing the joining together as husband and wife* JAMES E. SLAVEN, JR. *and* DANITA J. FRYE

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

I, STACY E. WESNER *hereby certify that on the* 22 *day of* AUG., *one thousand nine hundred and* 81 *at* CAMBY, *County of* HENDRICKS, *State of Indiana, Groom* JAMES E. SLAVENS JR. *of* TIPPICANOE *County, State of* IN *and, Bride* ~~HENRRI~~ DANITA J. FRYE *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* AUG., 19 81.

Signed STACY E. WESNER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 25 *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. 426

File

8-17-81 Date of Application

MALE
Medical Examination Report Dated 8-10-81
Name of Physician James Black

FEMALE
Medical Examination Report Dated 8-10-81
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 P Last Ahlen

Date of Birth: Month 8 Day 20 Year 56

Place of Birth (State or foreign country) Terre Haute Ind

Residence Address: Street or R. R. 9330 E. CR. 300 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 Louis Stanley Ahlen
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) N. Dakota
9. Full maiden name of mother Betty Nick
   Residence of mother (if deceased so state) Terre Haute Ind.
   Birthplace of mother (State or foreign country) Carbondale Ill.

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

Signed X John P. Ahlen
New Address 9330 East CO. Rd 300 North BROWNSBURG

Subscribed and sworn to before me this 17 day of Aug, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Carla Middle A. Last Walton

Date of Birth: Month 9 Day 3 Year 58

Place of Birth (State or foreign country) Danville Ind

Residence Address: Street or R. R. 9330 E. CR. 300 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 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 Carl Stanley Walton
   Residence of father (if deceased so state) B'burg Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Avis Jacqueline Bogard
   Residence of mother (if deceased so state) B'burg 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 Carla Walton
New Address 9330 E. CR. 300 N Brownsburg

Subscribed and sworn to before me this 17 day of August, 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 21 day of August, 19 81, authorizing the joining together as husband and wife John P. Ahlen and Carla A. Walton

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

I, Joseph D. Wilson hereby certify that on the 29 day of Aug, at Brownsburg, County of Hendricks, one thousand nine hundred and 81, State of Indiana, Groom John P. Ahlen of Hendricks County, State of IN and, Bride Carla A. Walton 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 Aug, 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 Sept, 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. 425 427

File

8-17-81
Date of Application

MALE
Medical Examination Report Dated Aug 10, 1981
Name of Physician David Hadley

FEMALE
Medical Examination Report Dated Aug 10, 1981
Name of Physician David Hadley

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

MALE APPLICANT

Name: First David Middle Danner Last Day

Date of Birth: Month Dec. Day 15 Year 1958

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

Residence Address: Street or R. R. 1931 Westview 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 Robert Bottoms
   Residence of father (if deceased so state) Indpls., Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Delores Jeannie Montgomery
   Residence of mother (if deceased so state) Indpls., Ind.
   Birthplace of mother (State or foreign country) Leavenworth, Kansas

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

Signed David Danner Day

New Address 4133 Mathews #35 - Indpls IND

Subscribed and sworn to before me this 17 day of Aug, 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 Hollingsworth

Date of Birth: Month July Day 17 Year 1960

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

Residence Address: Street or R. R. 890 Broadway 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 Vaden N. Hollingsworth
   Residence of father (if deceased so state) Plainfield, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rhonda N. Meng
   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 Cindy G. Hollingsworth

New Address 4133 Mathews #35 Indpls. 46227

Subscribed and sworn to before me this 17 day of Aug, 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* 21st *day of* August, 19 81, *authorizing the joining together as husband and wife* David D. Day *and* Cindy G. Hollingsworth

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

I, Wm. Spencer Gillespie *hereby certify that on the* 22 *day of* Aug., *one thousand nine hundred and* 81 *at* Pl'd., *County of* Hendricks, *State of Indiana, Groom* David D. Day *of* ~~Hendricks~~ Marion *County, State of* IN *and, Bride* Cindy G. Hollingsworth *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* Aug., 19 81.

Signed Wm. Spencer Gillespie

Official Designation Pastor

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. 429 428

File

8-17-81 Date of Application

MALE
Medical Examination Report Dated 8-12-81
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 8-12-81
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 ~~Steve~~ Steve; Middle Allen; Last White

Date of Birth: Month 6; Day 8; Year 1958

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

Residence Address: 25 N. Jefferson (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)

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

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

New Address 25 N Jefferson Brownsburg Ind

Subscribed and sworn to before me this 17 day of Aug., 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Hazel; Middle Marie; Last Ross

Date of Birth: Month 3; Day 16; Year 1948

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

Residence Address: 25 N. Jefferson (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)

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

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

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

Signed x Hazel Marie Ross

New Address 25 N. Jefferson St Brownsburg Ind.

Subscribed and sworn to before me this 17 day of August, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....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.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 AUGUST, 19 81, authorizing the joining together as husband and wife STEVE ALLEN WHITE and HAZEL MARIE ROSS

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

I, RONALD E. DRURY hereby certify that on the 17 day of AUGUST one thousand nine hundred and 81 at LEBANON, County of BOONE, State of IN, Groom STEVE ALLEN WHITE of HENDRICKS County, State of IN, and, Bride HAZEL MARIE ROSS 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 17 day of AUGUST, 19 81. Signed RONALD E. DRURY

Official Designation JUDGE, BOONE COUNTY CIRCUIT COURT

Filed and recorded in accordance with the laws of the State of Indiana this 18 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. 430 ~~429~~

File

Aug. 17, 1981
Date of Application

MALE
Medical Examination Report Dated 8-8-81

Name of Physician Timothy Priest

FEMALE
Medical Examination Report Dated 8-8-81

Name of Physician Timothy Priest

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

Date of Birth: Month Nov. Day 1 Year 1949

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RR 1 Box 358 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.
   Cathey Jo Sprinkle
   Kimberley Jo Sprinkle
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Sprinkle
   Residence of father (if deceased so state) Shapps In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Clara Ladd
   Residence of mother (if deceased so state) Shapps
   Birthplace of mother (State or foreign country) Miss.

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

Signed Richard R. Sprinkle

New Address R.R. 1 Box 358 Danville Ind.

Subscribed and sworn to before me this 17 day of Aug., 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Cathy Middle Joann Last O'Brien

Date of Birth: Month Oct. Day 24 Year 1953

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 1 Box 358 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.
   Carrie Anne Sprinkle
   Sharon Richard Sprinkle
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 O'Brien
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Mo.
9. Full maiden name of mother Betty Geddes
   Residence of mother (if deceased so state) Shapps, 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 Cathy J. O'Brien

New Address R.R. 1 Box 358 Danville

Subscribed and sworn to before me this 17 day of Aug., 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Aug., 81, authorizing the joining together as husband and wife Richard R. Sprinkle and Cathy J. O'Brien

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

I, John C. Mowier hereby certify that on the 17 day of Aug., one thousand nine hundred and 81 at Danville, State of Indiana, Groom Richard R. Sprinkle of Hendricks County, State of In and, Bride Cathy J. O'Brien 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., 81.

Signed John C. Mowier

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of Aug., 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. 431

File

Aug. 17, 1981
Date of Application

MALE
Medical Examination Report Dated 8-10-81
Name of Physician Carl Heinlein

FEMALE
Medical Examination Report Dated 8-10-81
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 Freddie Middle W. Last Miles

Date of Birth: Month June Day 27 Year 1946

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 3603 S. Clarks Creek Rd City Hnd. County Hnd. State Ind.

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.
   Robert Eldon Miles
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Miles
   Residence of father (if deceased so state) Scipps, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Edith Bryant
   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 Freddie W. Miles
New Address 3603 S. CLARKS CR RD. INDPS.

Subscribed and sworn to before me this 17 day of Aug, 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Lavonna Middle Darlene Last Austin

Date of Birth: Month Mar Day 26 Year 1961

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 3603 S Clarkscreek Rd City Indpls County Hnd 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.
   Freddie W. Austin
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Henry Austin
   Residence of father (if deceased so state) Stilesville, In.
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Patricia Rutherford
   Residence of mother (if deceased so state) Stilesville, 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 Lavonna Darlene Austin
New Address 3603 S. Clarks Creek Rd

Subscribed and sworn to before me this 17 day of Aug, 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 ..... Circuit Court of Indiana dated the ~~21st~~ 21st day of Aug, 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, Tom McGillard hereby certify that on the 21 day of August, one thousand nine hundred and eighty-one at Stilesville, County of Hendricks, State of Indiana, Groom Freddie Miles of Hendricks County, State of Indiana, and, Bride Lavonna Austin of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21 day of Aug, 19 81. Signed Tom McGillard
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this ..... day of ....., 19.... Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. ~~431~~ 432

File

Aug 18, 1981
Date of Application

MALE
Medical Examination Report Dated 8-13-81

Name of Physician D. Hadley

FEMALE
Medical Examination Report Dated 8-13-81

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 Richard Middle Troy Last Mouser

Date of Birth: Month June Day 4 Year 1963

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

Residence Address: Street or R. R. RR#8 Box 326 City Indianapolis County State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Richard Troy Mouser

New Address RR8 Box 326 IndPls, In.

Subscribed and sworn to before me this 18 day of Aug, 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Nancy Middle Jane Last Woodworth

Date of Birth: Month Oct Day 13 Year 1964

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

Residence Address: Street or R. R. RR# 3 Box 228 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.
   Richard Troy 1 week

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

New Address RR3 Box 228 Danville Ind

Subscribed and sworn to before me this 18 day of Aug, 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

State of Indiana, County of HENDRICKS } ss:

Signed Ralph O. Woodworth Father

Signed Dorothy J. Woodworth Mother

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

.....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 Hendricks Co. Superior #1 Court by written order issued 3 day Waiver + age Super #1 Judge Vorcie Helton 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 Aug, 1981, authorizing the joining together as husband and wife Richard T. Mouser and Nancy J. Woodworth

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

I, James T. Lippard hereby certify that on the 23 day of Aug, one thousand nine hundred and 81 at 317 Greenlee Dr., State of Indiana, Groom Richard T. Mouser of Hendricks County, State of IN and, Bride Nancy J. Woodworth 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 23 day of Aug, 1981.

Signed James T. Lippard

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of Aug, 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. 433 432

File

8-18-81 Date of Application

MALE
Medical Examination Report Dated 8-17-81
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 8-17-81
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 Nathan Middle Richard Last Mourlam

Date of Birth: Month 2 Day 17 Year 1959

Place of Birth (State or foreign country) Rushville Ind

Residence Address: Street or R. R. 326 E. Broadway City Maumee County Lucas State Ohio

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

State of Indiana, County of HENDRICKS } ss:

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

Signed X Nathan R. Mourlam
New Address Cedarville, Ohio 45314

Subscribed and sworn to before me this 18 day of Aug., 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 Robin Middle Lynn Last France

Date of Birth: Month 3 Day 12 Year 1962

Place of Birth (State or foreign country) Newport News Virginia

Residence Address: Street or R. R. 326 E. Broadway City Maumee County Lucas State Ohio

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Shirley Eugene France
   Residence of father (if deceased so state) Hampton, Ga.
   Birthplace of father (State or foreign country) Arkansas
9. Full maiden name of mother Lucy Ann Lanyon
   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 X Robin L. France
New Address Cedarville, Ohio 45314

Subscribed and sworn to before me this 18 day of Aug, 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 in HENDRICKS County Court by written order issued ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... on the 21 day of Aug, 19 81, authorizing the joining together as husband and wife of Indiana dated the ..... Nathan R. Mourlam and Robin L. France

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

I, Donald Tyler hereby certify that on the 22 day of Aug, one thousand nine hundred and 81 at Brownsburg, County of Hendricks, State of Indiana, Groom Nathan R. Mourlam of Maumee, County, State of Ohio, and, Bride Robin L. France 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 22 day of Aug, 1981.

Signed Donald Tyler

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of Aug, 1981.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

512

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 433 434

File

8-19-81
Date of Application

MALE
Medical Examination Report Dated 8-10-81

Name of Physician William Wagner

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 Kevin Middle D. Last Noel

Date of Birth: Month 9 Day 14 Year 1961

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

Residence Address: Street or R. R. RR1 Box 25 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 Robt. E. Noel
   Residence of father (if deceased so state) Monrovia Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Connie Sue O'Neal
   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 Kevin Noel

New Address R.R. 1 City Clayton

Subscribed and sworn to before me this 18 day of Aug, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Debora Middle L. Last Galyan

Date of Birth: Month October Day 22 Year 1961

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

Residence Address: Street or R. R. 320 Lawndale 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 Virgil E. Galyan
   Residence of father (if deceased so state) Plainfield Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sandra Sue Titus
   Residence of mother (if deceased so state) Plfd 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 Debora L. Galyan

New Address R.R. 1 City Clayton

Subscribed and sworn to before me this 18 day of Aug, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Aug, *19* 81, *authorizing the joining together as husband and wife* KEVIN D. NOEL *and* DEBORA L. GALYAN

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

I, CHARLES ROBERT HINE *hereby certify that on the* 5th *day of* SEPTEMBER, *one thousand nine hundred and* 81 *at* HALL, INDIANA, *State of Indiana, Groom* KEVIN D. NOEL *of* MORGAN *County, State of* IN *and, Bride* DEBORA L. GALYAN *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* SEPTEMBER 81, *19*

Signed CHARLES ROBERT HINE

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* SEPTEMBER, *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

Aug. 19 1981
Date of Application

MALE
Medical Examination Report Dated 8-13-81
Name of Physician David Hadley

FEMALE
Medical Examination Report Dated 8-13-81
Name of Physician David Hadley

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

MALE APPLICANT

Name: First John Middle Lee Last Bowermaster

Date of Birth: Month Dec Day 23 Year 1960

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1530 Avon Rd City Plainfield County Hen. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Earl Bowermaster
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Dorothy Wentworth
   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 John L Bowermaster
New Address 1530 Avon Rd

Subscribed and sworn to before me this 19 day of Aug, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Kit Middle Lavaun Last Nash

Date of Birth: Month Apr. Day 27 Year 1964

Place of Birth (State or foreign country) Ind.

Residence Address: 3603 S. Clarks Creek Rd. City Coatsville 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 Dewey R. Nash
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Cheryl E. DeBurger
   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 Kit L Nash
New Address 1530 Avon Rd.

Subscribed and sworn to before me this 19 day of Aug, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Dewey R. Nash Father

Signed ..... Mother

Subscribed and sworn to before me this 19 day of Aug, 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 ..... and filed
HENDRICKS County Court by written order issued .....
in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24 day of Aug, 1981, authorizing the joining together as husband and wife JOHN LEE BOWERMASTER and KIT LAVAUN NASH

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

I, DEWEY A. THACKSTON hereby certify that on the 29 day of AUGUST one thousand nine hundred and 81 at PLAINFIELD, County of HENDRICKS, State of IN, JOHN L. BOWERMASTER of HENDRICKS County, State of IN, and, Bride KIT L. NASH 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 AUGUST, 19 81. Signed DEWEY A. THACKSTON
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of SEPT, 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. ~~435~~ 436

File

Aug 21, 1981
Date of Application

MALE
Medical Examination Report Dated 8-17-81
Name of Physician T. Walker

FEMALE
Medical Examination Report Dated 8-17-81
Name of Physician T. 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 Stephen Middle Ray Last Waddell

Date of Birth: Month Feb. Day 6 Year 1957

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

Residence Address: Street or R. R. 7201 Hatteras Lane #2B 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 female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Garland R. Waddell
   Residence of father (if deceased so state) Connersville, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Christian Moore
   Residence of mother (if deceased so state) Connersville, 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 Stephen R. Waddell
New Address 6910 E. 800 N., Brownsburg, IN

Subscribed and sworn to before me this 21 day of Aug, 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 Judy Middle Ann Last Erickson

Date of Birth: Month Nov Day 10 Year 1956

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

Residence Address: Street or R. R. 6910 E 800 N. 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 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 D. Erickson
   Residence of father (if deceased so state) Jamestown, N. Y.
   Birthplace of father (State or foreign country) N. Y.
9. Full maiden name of mother Mary E. Stewart
   Residence of mother (if deceased so state) Jamestown, N. Y.
   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 Judy A Erickson
New Address 6910 E. 800 N., Brownsburg, In.

Subscribed and sworn to before me this 21 day of Aug, 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* 21th *day of* Aug, *19*81, *authorizing the joining together as husband and wife* Stephen R. Waddell *and* Judy A. Erickson.

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

I, Donald Tyler *hereby certify that on the* 5 *day of* Sept., *one thousand nine hundred and* 81 *at* Brownburg, *State of Indiana, Groom* Stephen R. Waddell *of* Marion *County, State of* In *and, Bride* Judy A. Erickson *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 5 *day of* Sept. *19*81.

Signed Donald Tyler

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 21 *day of* Sept. *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

~~435~~ 437
~~1356~~
No. ~~426~~ 1356

File August 21, 1981
Date of Application

MALE
Medical Examination Report Dated 8-18-81
Name of Physician J. Weissman

FEMALE
Medical Examination Report Dated 8-18-81
Name of Physician J. Wiesman

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Dowed Last Brown
Date of Birth: Month Aug. Day 8. Year 1955
Place of Birth (State or foreign country) Greencastle, Ind
Residence Address: Street or R. R. RR#4 Box 285 City Clayton County — State Ind
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Leland E. Brown
   Residence of father (if deceased so state) Louisiana, Mo.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carolyn Ann Hoffman
   Residence of mother (if deceased so state) Clayton, Indiana
   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 Scott D. Brown
New Address 109 Smith Pittsboro, Ind
Subscribed and sworn to before me this 21 day of Aug, 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 Debra Middle Lea Last Tucker
Date of Birth: Month Sept Day 3 Year 1959
Place of Birth (State or foreign country) Bedford Ind
Residence Address: Street or R. R. 606 Locust 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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Tucker
   Residence of father (if deceased so state) Brownsburg, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Doris E. Abbett
   Residence of mother (if deceased so state) Brownsburg, 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 Debra Lea Tucker
New Address 109 Smith, Pittsboro, Ind.
Subscribed and sworn to before me this 21 day of Aug, 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

Be 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 Aug, 1981, authorizing the joining together as husband and wife SCOTT D. BROWN and DEBRA L. TUCKER

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

I, GEORGE W. DAVIS hereby certify that on the 29 day of AUGUST, one thousand nine hundred and 81 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom SCOTT D. BROWN of HENDRICKS County, State of IN, and, Bride DEBRA L. TUCKER 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 30 day of Aug., 19 81. Signed GEORGE W. DAVIS
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 1 day of Sept., 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. ~~#37~~ 438

File

Aug 21, 1981
Date of Application

MALE
Medical Examination Report Dated 8-18-81
Name of Physician M. Neely

FEMALE
Medical Examination Report Dated 8-18-81
Name of Physician M. 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 William Middle I Last Withrow, Jr

Date of Birth: Month Sept Day 21 Year 1944

Place of Birth (State or foreign country) Muncie Indiana

Residence Address: Street or R. R. P.O. Box 145 City Amo County Indiana State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☐ Other (Specify) Drivers Lic w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Valerie Withrow 14
   Billy 9
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William I. Withrow,
   Residence of father (if deceased so state) Indianapolis, In
   Birthplace of father (State or foreign country) Ark
9. Full maiden name of mother Neome Musick
   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 William I. Withrow Jr.
New Address P.O. Box 145 Amo, IND. 46103

Subscribed and sworn to before me this 21 day of Aug, 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 Marie Last McKinney

Date of Birth: Month Aug Day 29 Year 1950

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

Residence Address: Street or R. R. P.O. Box 145 City Amo 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 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.
   Celia Smith 11 Douglas Kaufman 13
   Anita Smith 7
   Thomas Kaufman 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 Thomas Abner McKinney
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Evelyn Muncie
   Residence of mother (if deceased so state) Plainfield, Ind
   Birthplace of mother (State or foreign country) Tenn.

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

Signed Linda M. McKinnie
New Address P.O. Box 145 Amo, IND. 46103

Subscribed and sworn to before me this 21 day of Aug, 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* 25th *day of* August, 19 81, *authorizing the joining together as husband and wife* WILLIAM I. WITHROW *and* LINDA M. McKINNEY

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

I, ALBERT B. LORBER *hereby certify that on the* 29 *day of* Aug., *one thousand nine hundred and* 81 *at* SPRING LAKE MOORESVILLE *County of* MORGAN, *State of Indiana, Groom* WILLIAM I. WITHROW *of* HENDRICKS *County, State of* IN *and, Bride* LINDA M. McKINNEY *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* AUGUST, 19 81.

Signed ALBERT B. LORBER
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 1 *day of* Sept., 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. 1139 ~~438~~

File

Aug. 21 1981
Date of Application

MALE
Medical Examination Report Dated 8-17-81
Name of Physician Wm Edwards

FEMALE
Medical Examination Report Dated 8-3-81
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 William Middle Ray Last Newkirk II

Date of Birth: Month October Day 30 Year 1958

Place of Birth (State or foreign country) Greencastle

Residence Address: 2021 W. Main Street or R. R. Plainfield City Putnam 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 William Ray Newkirk
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Martha Anne Hart
   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 William R Newkirk II

New Address 420 Dan Jones Rd Plainfield In.

Subscribed and sworn to before me this 21 day of August, 19 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Anne Last Cox

Date of Birth: Month March Day 11 Year 1961

Place of Birth (State or foreign country) Greencastle

Residence Address: 11435 Maple Ln. Street or R. R. Dolphin City Putnam 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 Darrell Williams Cox
   Residence of father (if deceased so state) Dolphin, In.
   Birthplace of father (State or foreign country) California
9. Full maiden name of mother Patricia Lou Haverwood
   Residence of mother (if deceased so state) Dolphin In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

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

Signed Mary A Cox

New Address 420 Dan Jones Rd. (Plainfield) 81

Subscribed and sworn to before me this 21 day of August, 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 Court by written order issued 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 State of Indiana dated the 27 day of Aug, 19 81, authorizing the joining together as husband and wife William R. Newkirk II and Mary Anne Cox

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

I, Darrell W. Cox hereby certify that on the 28 day of Aug, at Maple Grove Baptist Church, County of Hendricks, one thousand nine hundred and 81 State of Indiana, Groom William R. Newkirk II of Hendricks County, State of In and, Bride Mary Anne Cox 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 Aug, 19 81. Signed Darrell W. Cox

Official Designation Pastor

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

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

518

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 1140 ~~439~~

File

August 21, 1981
Date of Application

MALE
Medical Examination Report Dated 8-21-81
Name of Physician Michael Nuby M.D.

FEMALE
Medical Examination Report Dated 8-21-81
Name of Physician Michael Nuby M.D.

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

MALE APPLICANT

Name: First Richard Middle Joe Last Wyeth

Date of Birth: Month July Day 7 Year 1957

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

Residence Address: Street or R. R. RR#1 North City Salem County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers License (picture)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Wyeth
   Residence of father (if deceased so state) North Salem In.
   Birthplace of father (State or foreign country) Lebanon, In.
9. Full maiden name of mother Judith Ann Selecky
   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 Richard Joe Wyeth
New Address North Salem RT

Subscribed and sworn to before me this 21 day of August, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Lynette Last Nichols

Date of Birth: Month October Day 10 Year 1962

Place of Birth (State or foreign country) Virginia

Residence Address: Street or R. R. P.O. Box 29 City Leyton County Ja. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify).....

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

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

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

Signed Teresa Lynette Nichols
New Address RR1 North Salem

Subscribed and sworn to before me this 21 day of August, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Aug, 19 81, *authorizing the joining together as husband and wife* Richard Joe Wyeth *and* Teresa Lynette Nichols

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

I, Earl C. Davis *hereby certify that on the* 13 *day of* Aug., *one thousand nine hundred and* 81 *at* North Salem, *County of* Hendricks, *State of Indiana, Groom* Richard J. Wyeth *of* Hendricks *County, State of* IN *and, Bride* Teresa L. Nichols *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* Aug, *19* 81.

Signed Earl C Davis

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2 *day of* Sept, *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. ~~440~~ 441

File Aug. 21, 1981
Date of Application

MALE
Medical Examination Report Dated 8-17-81
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 8-14-81
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 Frank Middle M. Last Finch
Date of Birth: Month January Day 22 Year 1951
Place of Birth (State or foreign country) Schenectady New York
Residence Address: Street or R. R. P.O. Box 85 City Elizabethtown County N.Y. State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License (picture)

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

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

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

Signed Frank M Finch
New Address P.O. Box 85, Elizabethtown, NY 12932
Subscribed and sworn to before me this 21 day of August, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Esther Last Teed
Date of Birth: Month Apr. Day 2 Year 1955
Place of Birth (State or foreign country) Ky.
Residence Address: 6910 E 800 N Street or R. R. Brownsburg City County State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Dr. License

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Reed
   Residence of father (if deceased so state) McWilliams, Mich.
   Birthplace of father (State or foreign country) Mich.
9. Full maiden name of mother Leap Morton
   Residence of mother (if deceased so state) McWilliam, Mich.
   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 Ruth E. Teed
New Address P.O. Box 85 Elizabethtown, N.Y. 12932
Subscribed and sworn to before me this 14 day of August, 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day 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 HENDRICKS Circuit Court of Indiana dated the 27th day of Aug, 1981, authorizing the joining together as husband and wife FRANK M. FINCH and RUTH TEED

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

I, DONALD TYLER hereby certify that on the 29 day of Aug. one thousand nine hundred and 81 at BROWNSBURG, County of IN State of Indiana, Groom FRANK M. FINCH of ESSEX County, State of NY and, Bride RUTH TEED 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 AUG., 19 81. Signed REV. DONALD TYLER
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 1 day of Sept., 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. ~~442~~ 441

File

8-21-81
Date of Application

MALE
Medical Examination Report Dated 8-21-81
Name of Physician Joseph Kerlin

FEMALE
Medical Examination Report Dated 8-21-81
Name of Physician Joseph Kerlin

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

MALE APPLICANT

Name: First Clyde Middle W. Last Frantzreb II

Date of Birth: Month Sept Day 13 Year 1943

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 9825 W. Wash. 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) 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 Clyde W. Frantzreb
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Evelyn Kellemeyer
   Residence of mother (if deceased so state) Indpls
   Birthplace of mother (State or foreign country) Ind.

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

Signed Clyde Frantzreb

New Address 9825 W. WASH. ST #12

Subscribed and sworn to before me this 21 day of Aug, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Collier

Date of Birth: Month July Day 14 Year 1952

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 9825 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) 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 J. Howard
   Residence of father (if deceased so state) Plainfield
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Ora Parker
   Residence of mother (if deceased so state) Pittsboro
   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 Linda L. Collier

New Address 9825 W. Wash St. Apt 12

Subscribed and sworn to before me this 21 day of Aug, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* August, 19 81, *authorizing the joining together as husband and wife* Clyde W. Frantzreb II *and* Linda L. Collier

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

I, John C. Mowrer *hereby certify that on the* 29 *day of* Aug., *one thousand nine hundred and* 81 *at* Danville, *State of Indiana, Groom* Clyde W. Frantzreb II *of* Hendricks *County, State of* IN *and, Bride* Linda L. Collier *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* Aug, 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* Aug, 19 81.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Fld. 521

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 442

File

8-24-81 Date of Application

MALE
Medical Examination Report Dated 8-10-81
Name of Physician David Hadley

FEMALE
Medical Examination Report Dated 8-10-81
Name of Physician David Hadley

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

MALE APPLICANT

Name: First David Middle C. Last O'Neill

Date of Birth: Month 11 Day 10 Year 1958

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

Residence Address: Street or R. R. 2323 Second St. 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 George Elmer O'Neil
   Residence of father (if deceased so state) Plfd Ind.
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Phyllis Jo Schrier
   Residence of mother (if deceased so state) Plfd 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 David G. O'Neill

New Address 2323 2ND. ST PLF. IN.

Subscribed and sworn to before me this 24 day of Aug, 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 D. Last Rhoderick

Date of Birth: Month 7 Day 13 Year 1963

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

Residence Address: Street or R. R. 1104 Walton 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 James A. Rhoderick
   Residence of father (if deceased so state) Plfd Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Diane Sue Burt
   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 Dawn D. Rhoderick

New Address 2323 2nd. ST PLFD. IN

Subscribed and sworn to before me this 24 day of Aug, 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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* August, 19 81, *authorizing the joining together as husband and wife* DAVID G. O'NEILL *and* DAWN D. RHODERICK *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, RICHARD ZORE hereby certify that on the 29 day of AUG., one thousand nine hundred and 81 at PLFD., County of HENDRICKS, State of Indiana, Groom DAVID G. O'NEILL of HENDRICKS County, State of IN, and, Bride DAWN D. RHODERICK 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 AUGUST, 19 81. Signed RICHARD ZORE

Official Designation CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 1 day of Sept., 19 81.

Signed MARY JANE RUSSELL Clerk

HENDRICKS Circuit Court

522 fe pd.

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. ~~443~~ 444

File

8-24-81
Date of Application

MALE
Medical Examination Report Dated 8-13-81
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 8-13-81
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 Vincent Middle E. Last Mattox

Date of Birth: Month 6 Day 26 Year 1961

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

Residence Address: 1779 Street or R. R. Hamblen E. 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)

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

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

New Address 3115 W 22nd Street

Subscribed and sworn to before me this 24 day of Aug, 19 81.

Mary Jane Russell HENDRICKS Clerk Circuit Court

FEMALE APPLICANT

Name: First Martha Middle Cheri Last Lochard

Date of Birth: Month 5 Day 24 Year 1961

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

Residence Address: 10003 Old Rd 40 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)

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

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

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

Signed x Martha Cheri Lochard

New Address 3115 W. 22nd Street Indpls 46222

Subscribed and sworn to before me this 24 day of Aug, 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

Be 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* Aug., 19 81, *authorizing the joining together as husband and wife* VINCENT E. MATTOX *and* martha c. lochard

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

I, HOWARD ALLEN hereby certify that on the 29 day of AUG. one thousand nine hundred and 81 at AVON, County of HENDRICKS, State of Indiana, Groom VINCENT E. MATTOX of MARION County, State of IN and, Bride MARTHA C. LOCHARD 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 AUG., 19 81.

Signed HOWARD ALLEN

Official Designation ELDER-UNITED METHODIST CHURCH

Filed and recorded in accordance with the laws of the State of Indiana this 1 *day of* SEPT., 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. 445 ~~444~~

File Aug 24 1981 Date of Application

MALE
Medical Examination Report Dated 8-12-81
Name of Physician D. Hadley

FEMALE
Medical Examination Report Dated 8-12-81
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 David Middle G. Last Clingerman
Date of Birth: Month Sept Day 4 Year 1961
Place of Birth (State or foreign country) Lebanon, Indiana
Residence Address: Street or R. R. 11080 W. Washington St. City Indianapolis County Marion State In
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Loyal Luther Clingerman
   Residence of father (if deceased so state) Brownsburg, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Hazel Lorene Ross
   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 David G Clingerman
New Address 11080 West Washington

Subscribed and sworn to before me this 24 day of Aug, 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 Ann Last Welker
Date of Birth: Month June Day 23 Year 1960
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Street or R. R. 509 N. Gibbs St City Plainfield County Hend State Ind
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 W. Welker Sr
   Residence of father (if deceased so state) Plainfield, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Phyllis M. Jones
   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 Deborah Ann Welker
New Address 11080 West Washington St.

Subscribed and sworn to before me this 24 day of Aug, 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 28 day of Aug, 1981, authorizing the joining together as husband and wife of Indiana dated the ..... and DEBORAH ANN WELKER
MIDAVID G. CLINGERMAN
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, DEWEY A. THACKSTON hereby certify that on the 5 day of SEPT., County of HENDRICKS, one thousand nine hundred and 81 at PLAINFIELD County, State of IN
State of Indiana, Groom DAVID G. CLINGERMAN of HENDRICKS County, State of IN,
and, Bride DEBORAH ANN WELKER 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 5 day of SEPT., 19 81. Signed DEWEY E. THACKSTON
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of SEPT., 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. 1146

File

Aug 24 1981
Date of Application

MALE
Medical Examination Report Dated 8-18-81
Name of Physician O. Kourcony

FEMALE
Medical Examination Report Dated 8-18-81
Name of Physician O. Kourcony

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of 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 Eva Middle — Last Burnett

Date of Birth: Month May Day 6 Year 1911

Place of Birth (State or foreign country) Knox Co. Ky

Residence Address: Street or R. R. 121 Eastern Ave. 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) Voters Reg # 1542

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

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

New Address same

Subscribed and sworn to before me this 24 day of Aug, 1981.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

MALE APPLICANT

Name: First Clyde Middle L. Last Benton

Date of Birth: Month March Day 12 Year 1909

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

Residence Address: Street or R. R. 121 Eastern Ave 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.

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

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

Signed Clyde L. Benton

New Address 124 Plainfield Ind

Subscribed and sworn to before me this 24 day of Aug, 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 ..... 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* 24 *day of* Aug, 19 81, *authorizing the joining together as husband and wife* Clyde L. Benton *and* Eva Burnett

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

I, John C. Mowrer *hereby certify that on the* 24 *day of* Aug, *one thousand nine hundred and* 81 *at* Danville, *State of Indiana, Groom* Clyde L. Benton *of* Hendricks *County, State of* IN *and, Bride* Eva Burnett *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 24 *day of* Aug, 19 81.

Signed John C. Mowrer

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 25 *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. 447

File

8-24-81 Date of Application

MALE
Medical Examination Report Dated 8-24-81
Name of Physician Walter Mc Manus

FEMALE
Medical Examination Report Dated 8-24-81
Name of Physician Walter Mc Manus

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

Date of Birth: Month Feb. Day 25 Year 1963

Place of Birth (State or foreign country) Ind

Residence Address: ~~510~~ 9 754 W. Morris, Street or R. R. Plainfield City, In. County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Michael E. Whittaker

New Address 5482 A Pleasant Hill Circle Indpls. IN 46224

Subscribed and sworn to before me this 24 day of Aug, 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 Traci Middle Jane Last Twyman

Date of Birth: Month Apr Day 17 Year 1964

Place of Birth (State or foreign country) Ind

Residence Address: 25 S. Pego Way, Street or R. R. Hot Springs City, Ark. 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 Gurwin G. Twyman
   Residence of father (if deceased so state) Hot Springs, Ark
   Birthplace of father (State or foreign country) Ind
9. Full maiden name of mother Frances J. Shupp
   Residence of mother (if deceased so state) Hot Springs, Ark
   Birthplace of mother (State or foreign country) Ark

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

Signed Traci Twyman

New Address 5482-A Pleasant Hill Cr. Indpls, IN 46224

Subscribed and sworn to before me this 24 day of Aug, 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 Gurwin Twyman Father

Signed Frances Twyman Mother

Subscribed and sworn to before me this 24 day of Aug, 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 Superior II Court by written order issued 3 day waiver and filed in Clerks authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ....., 1981, authorizing the joining together as husband and wife of Indiana dated the 24 day of August and Traci J. Twyman Michael E. Whittaker

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

I, John C. Mowrer hereby certify that on the 24 day of Aug, one thousand nine hundred and 81 at Danville, County of Hendricks, State of Indiana, Groom Michael E. Whittaker of Hendricks County, State of IN, and, Bride Traci J. Twyman of Garland County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 24 day of Aug, 1981 Signed John C. Mowrer

Official Designation Judg

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of Aug, 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. ~~447~~ 448

File

8-24-81
Date of Application

MALE
Medical Examination Report Dated 8-21-81

Name of Physician

FEMALE
Medical Examination Report Dated 8-22-81

Name of Physician Paul D Gulesian

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

Date of Birth: Month 2 Day 18 Year 1953

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

Residence Address: Street or R. R. 2 Greenacre Ct. 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.
   Janalyn Louise Creekbaum
   Joalyn Noel Creekbaum.
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Emery Wilson Creekbaum
   Residence of father (if deceased so state) Marco Is. Fla.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Leona Agnes McCord
   Residence of mother (if deceased so state) Marco Island, Fla.
   Birthplace of mother (State or foreign 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 W. Creekbaum

New Address SAME

Subscribed and sworn to before me this 28 day of Aug, 19 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Sally Middle L. Last Turner

Date of Birth: Month 8 Day 14 Year 1948

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

Residence Address: Street or R. R. 62 Lincoln Ave 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Blake Lewis 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 Lewis Warren Clary
   Residence of father (if deceased so state) Brownsburg Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen Stewart
   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 Sally J. Turner

New Address 2 Greenacre Court

Subscribed and sworn to before me this 28 day of Aug, 19 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* Aug, 19 81, *authorizing the joining together as husband and wife* James W. Creekbaum *and* Sally J. Turner

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* Aug *one thousand nine hundred and* 81 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* James W. Creekbaum *of* Hendricks *County, State of* IN *and, Bride* Sally J. Turner *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 28 *day of* Aug, 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* 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. ~~448~~ 449

File

Aug 24, 1981
Date of Application

MALE
Medical Examination Report Dated 8-18-81
Name of Physician N. H. Hemelstein MD.

FEMALE
Medical Examination Report Dated 8-18-81
Name of Physician N. H. Hemelstein 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 D. Last Runyon

Date of Birth: Month 7 May Day 9 Year 1962

Place of Birth (State or foreign country) Richmond Ind

Residence Address: Street or R. R. 122 Williams St. City Brownsburg County Hendricks State In.

Previous Marital Status: Never Married ☐ OR ☑

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Runyon
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Judy Charlene Curts
   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 D. Runyon
New Address 4921 Manchester Dr., Indianapolis

Subscribed and sworn to before me this 24 day of Aug., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Marie Last Mayo

Date of Birth: Month June Day 21 Year 1962

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

Residence Address: Street or R. R. 1272 Avon Rd. City Plainfield 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 Charles Christopher Mayo
   Residence of father (if deceased so state) Plainfield In.
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Norma Jean Hesparis
   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 Theresa Marie Mayo
New Address 4921 Manchester Dr. Indpls.

Subscribed and sworn to before me this 24 day of Aug., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 28th day of Aug., 19 81, authorizing the joining together as husband and wife of Indiana dated the ..... day of ..... and Theresa M. Mayo
Thomas D. Runyon
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Harold D. Sears hereby certify that on the 28 day of Aug., at Plainfield, County of Hendricks, one thousand nine hundred and 81, State of Indiana, Groom Thomas D. Runyon of Hendricks County, State of In., and, Bride Theresa M. Mayo 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 28 day of Aug., 19 81. Signed Harold D. Sears
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of September, 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]~~450

File 42

8-25-81
Date of Application

MALE
Medical Examination Report Dated 8-20-81

Name of Physician C. L. Hendricks

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 David Middle E. Last Dodson

Date of Birth: Month 4 Day 22 Year 59

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 21 S. 300 E. City Danville County Hend. State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers 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 David R. Dodson
   Residence of father (if deceased so state) Danville, Ind.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Cordia Jones
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

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

Signed X David E. Dodson

New Address 7025 Trickett Dr. #3A Indpl Ind 46254

Subscribed and sworn to before me this 25 day of Aug, 19 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Lisa Middle A. Last Cotton

Date of Birth: Month Feb. Day 24 Year 1958

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

Residence Address: Street or R. R. R#3 Box 418 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 Wales Irwin Cotton
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Vivian Faye Riddell
   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 Lisa Cotton

New Address 7025 Trickett Dr. #3A Indy, In 46254

Subscribed and sworn to before me this 31 day of August, 19 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 31st *day of* Aug, 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, Earnest M. Howard *hereby certify that on the* 5 *day of* September, *one thousand nine hundred and* 81 *at* Mt. Sinai, *County of* Dearborn, *State of Indiana, Groom* David E. Dodson *of* Hendricks *County, State of* Indiana, *and, Bride* Lisa A. Cotton *of* Dearborn *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 5 *day of* Sept., 19 81.

Signed Earnest M Howard

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 1/e *day of* Sept, 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. 461 ~~450~~

File

8-25-81 Date of Application

MALE
Medical Examination Report Dated 8-20-81
Name of Physician Carl Heinlein

FEMALE
Medical Examination Report Dated 8-20-81
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 Garven Middle Duane Last Adamson

Date of Birth: Month 8 Day 15 Year 1957

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

Residence Address: Street or R. R. 269 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)

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

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

New Address 421 Varner Drive, Brownsburg

Subscribed and sworn to before me this 25 day of August, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Gene Last Hendrix

Date of Birth: Month 6 Day 25 Year 1962

Place of Birth (State or foreign country) Portland Ind

Residence Address: Street or R. R. 120 N. Maple 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 Basil Glas Hendrix
   Residence of father (if deceased so state) Portland Ind.
   Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Helen Elizabeth Parkinson
   Residence of mother (if deceased so state) Portland, 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 Lisa Hendrix

New Address 421 Varner Drive

Subscribed and sworn to before me this 25 day of August, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 31st day of August, 1981, authorizing the joining together as husband and wife Garven D. Adamson and Lisa G. Hendrix

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

I, Rev. John L. Cross hereby certify that on the 29 day of Aug, at Portland County of Jay one thousand nine hundred and 81 County, State of IN

State of Indiana, Groom Garven D. Adamson of Hendricks County, State of IN

and, Bride Lisa G. Hendrix of Hendricks County, State of HENDRICKS

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

Dated this 31 day of Aug, 19 81. Signed John L. Cross

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 4 day of Sept, 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. 452 ~~454~~

File

8-25-81
Date of Application

MALE
Medical Examination Report Dated 8-13-81

Name of Physician Jos. H. Buchman

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 Arlie; Middle L.; Last Selvia Jr.

Date of Birth: Month 2; Day 9; Year 1941

Place of Birth (State or foreign country) Three Points Ky

Residence Address: Street or R. R. 1207 Buchanan; City Elfel; 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 Ann Selvia
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Arlie L. Selvia Sr.
   Residence of father (if deceased so state) W. Terre Haute Ind.
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Mary Pearl Merkle
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Illinois

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

Signed X Arlie L. Selvia

New Address Same

Subscribed and sworn to before me this 25 day of August, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Elaine; Middle D.; Last Sapp

Date of Birth: Month 5; Day 3; Year 1959

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

Residence Address: Street or R. R. 1207 Buchanan; City Elfl; 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

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

New Address Same

Subscribed and sworn to before me this 25 day of August, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Sept, 19 81, *authorizing the joining together as husband and wife* Arlie L. Selvia Jr. *and* Elaine D. Sapp

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

I, John C. Mowrer *hereby certify that on the* 4 *day of* Sept., *one thousand nine hundred and* 81 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Arlie L. Selvia, Jr. *of* Hendricks *County, State of* IN *and, Bride* Elaine D. Sapp *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* Sept., 19 81.

Signed John C. Mowrer

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 8 *day of* Sept., 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. 453

File

8-26-81 Date of Application

MALE
Medical Examination Report Dated 8-20-81
Name of Physician Mark E. Seymore

FEMALE
Medical Examination Report Dated 8-20-81
Name of Physician Mark E. Seymore

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

Date of Birth: Month 12 Day 21 Year 1960

Place of Birth (State or foreign country) Hamilton Ohio

Residence Address: Street or R. R. 7 Dartmouth Rd City Wilmington County New Castle State DE.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Brenner
   Residence of father (if deceased so state) Wilmington DE.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Eileen L. Groser
   Residence of mother (if deceased so state) Wilmington DE.
   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 Lawrence W. Brenner
New Address 122½ N. STATE ST. PENDLETON, IN
Subscribed and sworn to before me this 26 day of Aug, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Shawnda Middle M. Last Taylor

Date of Birth: Month Day 20 Year 1961

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. 3385 - N 200 E. City B'burg County Bond State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Paul L. Taylor
   Residence of father (if deceased so state) Brownsburg Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Norma E. Tucker
   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 Shawnda M. Taylor
New Address 122½ West State St. Pendleton, In
Subscribed and sworn to before me this 26 day of Aug, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... 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* 26 *day of* AUGUST, 19 81, *authorizing the joining together as husband and wife* LAWRENCE W. BRENNER *and* SHAWNDA M. TAYLOR

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

I, CHARLES W. APPLEGATE *hereby certify that on the* 29 *day of* AUG., *at* E INDPLS., *County of* MARION, *one thousand nine hundred and* 81, *State of Indiana, Groom* LAWRENCE BRENNER *of* NEW CASTLE *County, State of* DELAWARE, *and, Bride* SHAWNDA M. TAYLOR *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* AUGUST, 19 81. *Signed* CHARLES W. APPLEGATE

Official Designation JUDGE OF MARION

Filed and recorded in accordance with the laws of the State of Indiana this 1 *day of* SEPT., 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. 454
File 42
8-26-81
Date of Application

MALE
Medical Examination Report Dated 8-18-81
Name of Physician D. M. Walker

FEMALE
Medical Examination Report Dated 8-18-81
Name of Physician D. 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 Marc. Middle . Last Sisk

Date of Birth: Month 8 Day 12 Year 59

Place of Birth (State or foreign country) Ill.

Residence Address: Street or R. R. 3015 Pebble Point Dr. Apt. 2C 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. expired

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Don Sisk
   Residence of father (if deceased so state) Indpls, Ind.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Carolyn S. Willis
   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 Marc Sisk
New Address 3015 Pebble Point Dr. Apt 2C

Subscribed and sworn to before me this 26 day of Aug., 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Denise Middle L Last VanBuskirk

Date of Birth: Month 1 Day 2 Year 60

Place of Birth (State or foreign country) U.S.A.

Residence Address: Street or R. R. 16 Burns Dr. So. 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 expiat.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Lawrence VanBuskirk
   Residence of father (if deceased so state) Brownsburg Ind
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Nancy C. Spencer
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Washington

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

Signed Denise L VanBuskirk
New Address 3015 Pebblepoint Dr. Apt 2C

Subscribed and sworn to before me this 26 day of Aug., 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* 31 *day of* Aug, 1981, *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, John Caldwell, hereby certify that on the 12 day of September, one thousand nine hundred and eighty-one at Avon, County of Hendricks, State of Indiana, Groom Marc Sisk of Marion County, State of Indiana, and, Bride Denise Lynn Buesenbark of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12th day of Sept, 19 81.

Signed John Caldwell
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 *day of* September, 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. 455

File

August 22 1981
Date of Application

MALE
Medical Examination Report Dated 8-18-81
Name of Physician E. Clark

FEMALE
Medical Examination Report Dated 8-18-81
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 Herbert Middle June Last Hepfer

Date of Birth: Month Day 5 Year 1948

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

Residence Address: Street or R. R. 1029 Kingsway Dr. City Danville, County, State Indiana

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Drivers Lic w/Pic

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

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

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

Signed Herbert Hepfer

New Address 1029 Kingsway Dr. Danville, Indiana

Subscribed and sworn to before me this 27 day of Aug, 19 81

Mary Jane Russell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Pamelia Middle B. Last Bolin

Date of Birth: Month Sept Day 25 Year 1949

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

Residence Address: Street or R. R. 1029 Kingsway Dr. City Danville, County, State Indiana

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☐ Other (Specify) Drivers Lic w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children
   Joseph Pardel Bolin 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 Emsley W. Lowry
   Residence of father (if deceased so state) Plainfield, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elma Lou Goddard
   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 Pamelia B Bolin

New Address 1029 Kingsway Dr. Danville, I

Subscribed and sworn to before me this 27 day of Aug, 19 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 31st day of August, 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, James D. Harless hereby certify that on the 11 day of September, one thousand nine hundred and eighty-one at ~~Danville~~ Anderson, County of Madison, State of Indiana, Groom Herbert Hepfer of Hendricks County, State of Indiana, and, Bride Pamelia B. Bolin 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 September, 19 81

Signed James D Harless

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of Sept, 19 81

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

534

for God

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 456

File

9-27-87
Date of Application

MALE
Medical Examination Report Dated 8-21-87
Name of Physician Nicholas Prochorzz

FEMALE
Medical Examination Report Dated 8-21-87
Name of Physician Nicholas Prochorzz

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

Date of Birth: Month 9 Day 11 Year 1963

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

Residence Address: Street or R. R. 447 Charles 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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Oscar Keedy
   Residence of father (if deceased so state) Inglps Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Gloria Marie Gardner
   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 Larry W. Keedy

New Address 6334 Hollister Dr. Apt. 1924

Subscribed and sworn to before me this 27 day of Aug, 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 Kimberly Middle Jean Last Brower

Date of Birth: Month 12 Day 29 Year 1962

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

Residence Address: Street or R. R. 447 Charles 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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Richard Brower
   Residence of father (if deceased so state) B'burg Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Martha Jean Graves
   Residence of mother (if deceased so state) B'burg 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 J. Brower

New Address 6334 Hollister Dr Apt. 1924

Subscribed and sworn to before me this 27 day of Aug, 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* 31 *day of* Aug, 19 87, *authorizing the joining together as husband and wife*

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

I, George W. Davis hereby certify that on the 5th day of Sept., one thousand nine hundred and eighty one at Brownsburg, County of Hend., State of Indiana, Groom Larry W. Keedy of Marion County, State of Indiana, and, Bride Kimberly J. Brower 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 9 day of Sept, 19 87.

Signed George W. Davis

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 *day of* Sept, 19 87.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 457

File

August 27, 1981 Date of Application

MALE
Medical Examination Report Dated 8-24-81
Name of Physician Wm Edwards

FEMALE
Medical Examination Report Dated 8-24-81
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 Brent Middle Alan Last Clark

Date of Birth: Month September Day 6 Year 1960

Place of Birth (State or foreign country) Vanderburgh Co.

Residence Address: 1026 Kirkwood Dr. Street or R. R. Plainfield 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 female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 William Clark
   Residence of father (if deceased so state) Plainfield Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joyce Mae Ferguson
   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 Brent Clark
New Address RR 1 Box 72 Clayton In
Subscribed and sworn to before me this 27 day of August, 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Iris Middle Lee Last Bedford

Date of Birth: Month January Day 30 Year 1962

Place of Birth (State or foreign country) Grant Co. Ind.

Residence Address: RR # 1 Box 72 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 Ward Lee Bedford
   Residence of father (if deceased so state) Clayton In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Margie Ann Fincher
   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 Iris Lee Bedford
New Address RR 1 Box 72 Clayton, In
Subscribed and sworn to before me this 27 day of August, 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 1st day of Sept, 19 81, authorizing the joining together as husband and wife BRENT ALAN CLARK and IRIS LEE BEDFORD

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

I, WILLIAM R. CLAYTON hereby certify that on the 5 day of SEPT, one thousand nine hundred and 81 at PLFD., County of HENDRICKS, State of Indiana, Groom BRENT ALAN CLARK of HENDRICKS County, State of IN, and, Bride IRIS LEE BEDFORD 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 5 day of SEPTEMBER, 19 81. Signed WILLIAM R. CLAYTON
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of SEPTEMBER, 19 81
Signed MARY JANE RUSSELL Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 458

File

Aug 27, 1981
Date of Application

MALE
Medical Examination Report Dated 8-20-81

Name of Physician T.E. Hicks

FEMALE
Medical Examination Report Dated 8-17-81

Name of Physician Thomas Walker, 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 Christopher Middle West Last Rathe

Date of Birth: Month 4 Day 5 Year 61

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 5105 W. Edwards Ave. 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 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.

   No

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

New Address 5105 W. EDWARDS AVE. INDPLS, IN.

Subscribed and sworn to before me this 4 day of Sept., 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Ellen Last Osborn

Date of Birth: Month August Day 15 Year 1961

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

Residence Address: Street or R. R. 133 Pamela Pkwy 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.

   No

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

New Address.....

Subscribed and sworn to before me this 27 day of August, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Sept., 19 81, *authorizing the joining together as husband and wife* .....*and* Mary Ellen Osborn

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

I, Terry R. Nash *hereby certify that on the* .....*day of* Sept., *one thousand nine hundred and* 81 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Christopher D. Rathe *of* Marion *County, State of* IN *and, Bride* Mary Ellen Osborne *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 5 *day of* Sept, 19 81.

Signed Terry R. Nash

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 8 *day of* Sept, 19 81.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

537

fee pd.

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 459

File

Aug 28, 1981
Date of Application

MALE
Medical Examination Report Dated 8-24-81
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 8-24-81
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 David Middle A. Last Farnsworth

Date of Birth: Month 10 Day 19 Year 1956

Place of Birth (State or foreign country) Kane Pennsylvania

Residence Address: Street or R. R. 410 Locust 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)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Leroy Farnsworth
   Residence of father (if deceased so state) Brownsburg Ind.
   Birthplace of father (State or foreign country) ~~Kane~~ Jamestown City, PA.
9. Full maiden name of mother Georgia Estelle Smith
   Residence of mother (if deceased so state) Brownsburg, Ind.
   Birthplace of mother (State or foreign country) Kane Pa.

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

Signed X David A. Farnsworth

New Address 13 Olympic Village 2B Chicago Hts. Ill. 60411

Subscribed and sworn to before me this 28 day of August, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 S. Last George

Date of Birth: Month 7 Day 18 Year 1957

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

Residence Address: Street or R. R. 7419 E. 49th 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

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 E. Bucker
   Residence of father (if deceased so state) Terre Haute Ind.
   Birthplace of father (State or foreign country) Terre Haute Ind.
9. Full maiden name of mother Shirley Hatfield
   Residence of mother (if deceased so state) Terre Indpls 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 Brenda S. George

New Address 13 Olympic Village 2B Chicago Hts Ill. 60411

Subscribed and sworn to before me this 28 day of Aug, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 1 day of Sept, 19 81, authorizing the joining together as husband and wife DAVID A. FARNSWORTH and BRENDA SUE GEORGE

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

I, DAVID E. LIGHT hereby certify that on the 5 day of september, one thousand nine hundred and 81 at DANVILLE, County of HENDRICKS, State of Indiana, Groom DAVID A. FARNSWORTH of COOK County, State of IN and, Bride BRENDA SUE GEORGE 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 1 day of SEPTEMBER, 19 81 = Signed DAVID E. LIGHT

Official Designation MINISTER

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

Signed MARY JANE RUSSELL Clerk

HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 460

File

Aug 28, 1981
Date of Application

MALE
Medical Examination Report Dated 8-25-81
Name of Physician Mac C. Keller, Md.

FEMALE
Medical Examination Report Dated 8-13-81
Name of Physician Mac C. Keller, 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 T. Last Glendy

Date of Birth: Month December Day 7 Year 1951

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

Residence Address: Street or R. R. 9775 Old Rd. 40 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 (picture)

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

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

Signed James T. Glendy
New Address RR 1 Box 364 Danville

Subscribed and sworn to before me this 28 day of August, 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 M. Last McKown

Date of Birth: Month October Day 4 Year 1958

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

Residence Address: Street or R. R. R.R.#1 Box 364 City Danville County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Drivers License (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Marie McKown
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Henry McKown
   Residence of father (if deceased so state) Owensville, In.
   Birthplace of father (State or foreign country) Shoals, In.
9. Full maiden name of mother Martha Anne Powell
   Residence of mother (if deceased so state) Owensville, 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 Karen M. McKown
New Address RR 1 Box 364 Danville

Subscribed and sworn to before me this 28 day of August, 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* 1 *, 19*81*, authorizing the joining together as husband and wife* JAMES T. GLENDY *and* KAREN M. McKOWN

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

I, MARTHA McKOWN & LESLIE McKOWN *hereby certify that on the* 5 *day of* SEPTEMBER *, one thousand nine hundred and* 81 *at* NASHVILLE *, County of* BROWN *, State of Indiana, Groom* JAMES T. GLENDY *of* HENDRICKS *County, State of* IN *and, Bride* KAREN M. McKOWN *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 5 *day of* SEPTEMBER *, 19* 81

Signed REV. MARTHA McKOWN & LESLIE McKOWN

Official Designation MINISTERS

Filed and recorded in accordance with the laws of the State of Indiana this 9 *day of* SEPTEMBER *, 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. 461

File

August 28, 1981
Date of Application

MALE
Medical Examination Report Dated 8-27-81
Name of Physician I. Colon

FEMALE
Medical Examination Report Dated 8-27-81
Name of Physician I. Colon

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

Date of Birth: Month April Day 21 Year 1940

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

Residence Address: Street or R. R. P.O. Box 9. City Leyton County Indiana State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) Drivers Lic W/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Jeff Hines 18
   Greg Hines 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 Walter A. Hines
   Residence of father (if deceased so state) Leyton, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Gertrude E. Baker
   Residence of mother (if deceased so state) Leyton, 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 Edward Lee Hines
New Address RR1 South Salem

Subscribed and sworn to before me this 28 day of Aug, 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

FEMALE APPLICANT

Name: First Dianna Middle Sue Last Cadwell

Date of Birth: Month April Day 3 Year 1945

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

Residence Address: Street or R. F. D. RR#1 Box 145 City North Salem County Indiana State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) Drivers Lic W/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Christine Cadwell 16
   Cheryl Cadwell 13
   Laura Cadwell 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 Ernest Edward Brock
   Residence of father (if deceased so state) Mooresville, Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Hazel Willhoite
   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 Dianna Sue Cadwell
New Address RR1 Box 145 North Salem

Subscribed and sworn to before me this 28 day of Aug, 19 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... 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 2nd day of September, 19 81, authorizing the joining together as husband and wife EDWARD LEE HINES and DIANNA SUE CADWELL

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

I, R. ANTHONY CLARK hereby certify that on the 5 day of SEPTEMBER, one thousand nine hundred and 81 at NORTH SALEM, County of HENDRICKS, State of IN, State of Indiana, Groom EDWARD LEE HINES of HENDRICKS County, State of IN, and, Bride DIANNA SUE CADWELL 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 5 day of SEPTEMBER, 19 81. Signed ANTHONY CLARK

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of SEPTEMBER, 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. 462
File 42
8-28-81
Date of Application

MALE
Medical Examination Report Dated 8-19-81
Name of Physician Duncan, William

FEMALE
Medical Examination Report Dated 8-15-81
Name of Physician Duncan, William

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

MALE APPLICANT

Name: First Charles, Middle D., Last McDonald
Date of Birth: Month 11, Day 16, Year 54
Place of Birth (State or foreign country) Danville, Ind.
Residence Address: Street or R. R. 408 E. Plum, City Robinson, County , State Ill.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Edward D. McDonald
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Betty J. Kemp.
   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 Charles D. McDonald
New Address 408 E. Plum, Robinson Ill 62454

Subscribed and sworn to before me this 28 day of Aug., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 T., Last Goodfellow
Date of Birth: Month 4, Day 29, Year 51
Place of Birth (State or foreign country) Huntington, N.Y.
Residence Address: Street or R. R. 301½ E. Highland Ave., City Robinson, County , State Ill.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Edward J. Bogata
   Residence of father (if deceased so state) East Northport N.Y.
   Birthplace of father (State or foreign country) Poland
9. Full maiden name of mother Frances Mudrych
   Residence of mother (if deceased so state) Same
   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 X Susan T. Goodfellow
New Address 408 E PLUM, ROBINSON, ILL 62454

Subscribed and sworn to before me this 28 day of Aug., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 2nd *day of* September, *19* 81, *authorizing the joining together as husband and wife* CHARLES D. McDONALD *and* SUSAN T. GOODFELLOW

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

I, EARL T. BONHAM *hereby certify that on the* 19 *day of* SEPT., *one thousand nine hundred and* 81 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* CHARLES D. McDONALD *of* CRAWFORD *County, State of* ILL *and, Bride* SUSAN T. GOODFELLOW *of* CRAWFORD *County, State of* ILL *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 19 *day of* SEPT., *19* 81.

Signed EARL T. BONHAM
Official Designation MINSTER

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* SEPT., *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. 463
File 42
8-28-81
Date of Application

MALE
Medical Examination Report Dated 8-19-81
Name of Physician W. P. Boone

FEMALE
Medical Examination Report Dated 8-18-81
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 Luther Middle Harold Last Mitchell Jr.
Date of Birth: Month 7 Day 7 Year 59
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 13255 Bellsville Rd. City Nobleville 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. No

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 H. Mitchell Sr.
   Residence of father (if deceased so state) Nobleville Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Betty J. Rose
   Residence of mother (if deceased so state) Decreased
   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 Luther H. Mitchell Jr.
New Address Carmel
Subscribed and sworn to before me this 28 day of Aug., 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Kay Last Lawson
Date of Birth: Month 11 Day 20 Year 61
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR 2 Box 141 City Clayton County Hendricks State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

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

Signed X Kimberly Kay Lawson
New Address Carmel
Subscribed and sworn to before me this 28 day of Aug., 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 ..... 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 4 day of Sept, 19 81, authorizing the joining together as husband and wife of Indiana dated the ..... Luther Harold Mitchell Jr. and Kimberly Kay Lawson

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

I, John Parsons hereby certify that on the 5 day of Sept, one thousand nine hundred and 81 at Belleville, County of Hendricks, State of Ind., Groom Luther H. Mitchell Jr. of Hamilton County, State of Ind., and, Bride Kimberly K. Lawson 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 Sept, 19 81. Signed John Parsons
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 8 day of Sept, 19 81. Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

542

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 464

File 42

8-28-81
Date of Application

MALE
Medical Examination Report Dated 8-26-81

Name of Physician S. J. Burns

FEMALE
Medical Examination Report Dated 8-26-81

Name of Physician S. 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 Dan Middle J. Last Taylor

Date of Birth: Month 10 Day 4 Year 59

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 949 River Ave. City Indpls. County , State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers 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.
   Kevin M. Hagy

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

New Address 7401 Kamby RD. INDPLS.

Subscribed and sworn to before me this 28 day of Aug., 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 M. Last Hagy

Date of Birth: Month 7 Day 2 Year 60

Place of Birth (State or foreign country) Minnesota

Residence Address: Street or R. R. 11036 W. Reeves Rd. City Indpls. County , State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

New Address 7401 Camby Rd. Indpls 46214

Subscribed and sworn to before me this 28 day of Aug., 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 4th *day of* Sept., 19 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, John C. Mourer hereby certify that on the 11 day of September, one thousand nine hundred and eighty-one at Plainfield, County of Hendricks, State of Indiana, Groom ~~Ben~~ Dan J. Taylor of Marion County, State of Indiana, and, Bride Jean M. Hagy 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 11 *day of* September, 19 81.

Signed John C. Mourer

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 15 *day of* September, 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. 465

File

Aug 31, 1981
Date of Application

MALE
Medical Examination Report Dated 8-27-81
Name of Physician A. Sudder

FEMALE
Medical Examination Report Dated 8-27-81
Name of Physician A. Sudder

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

MALE APPLICANT

Name: First Gregory Middle L. Last Davies

Date of Birth: Month June Day 9 Year 1954

Place of Birth (State or foreign country): Vincennes, Indiana

Residence Address: Street or R. R. 406 Rodney 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 Herschel K. Davies
   Residence of father (if deceased so state) Brownsburg, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bertha Cooper
   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 Gregory L. Davies

New Address 32 Donnelly

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 Sandra Middle L. Last Cavanaugh

Date of Birth: Month June Day 29 Year 1955

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

Residence Address: Street or R. R. 32 Donnelly Dr City Brownsburg County State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) 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 Michael F. Cavanaugh
   Residence of father (if deceased so state) Lafayette, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rosemary Jorge
   Residence of mother (if deceased so state) Lafayette, In
   Birthplace of mother (State or foreign country) Cal.

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

Signed Sandra L. Cavanaugh

New Address 32 Donnelly Dr.

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 4 day of Sept., 19 81, authorizing the joining together as husband and wife GREGORY L. DAVIES and SANDRA CAXXVANAUGH

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

I, GEORGE DAVIS hereby certify that on the 6th day of SEPT., one thousand nine hundred and 81 at INDPLS., County of MARION, State of Indiana, Groom GREGORY L. DAVIES of HENDRICKS County, State of IN and, Bride SANDRA CAVANAUGH of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 8th day of SEPT., 19 81 Signed GEORGE W. DAVIS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of SEPT., 19 81

Signed MARY JANE RUSSELL Clerk

HENDRICKS Circuit Court

544

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 466

File

August 31, 1981
Date of Application

MALE
Medical Examination Report Dated 8-28-81
Name of Physician M. Seanaborn

FEMALE
Medical Examination Report Dated 8-28-81
Name of Physician M. Seanaborn

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

Date of Birth: Month Nov Day 8 Year 1943

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

Residence Address: Street or R. R. 25 Joywood Dr. City Brownsburg, County, State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) 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.
   Michelle Ludlow 14
   Pamela Ludlow 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 Clifton Leon Ludlow
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lesta Lucille Edwards
   Residence of mother (if deceased so state) Payola, 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 James L. Ludlow

New Address 25 Foxwood Dr. 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 Becky Middle Jo Last Ridener

Date of Birth: Month April Day 11 Year 1952

Place of Birth (State or foreign country) Dayton, Ohio

Residence Address: Street or R. R. 25 Foxwood Dr. City Brownsburg, County, State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) 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.
   Tracy Ridener 10
   Tricia Ridener 9
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Kenneth Lee Cook
   Residence of father (if deceased so state) English, Indiana
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Genova Wagner
   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 Becky Jo Ridener

New Address 25 Foxwood Dr. Brownsburg

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* 4 *day of* Sept. *, 19*81*, authorizing the joining together as husband and wife* JAMES L. LUDLOW *and* BECKY JO RIDENER

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

I, REV. JESSE D. PACE *hereby certify that on the* 5th *day of* SEPT. *, one thousand nine hundred and* 81 *at* ENGLISH INDIANA *, County of* CRAWFORD *, State of Indiana, Groom* JAMES LEON LUDLOW *of* HENDRICKS *County, State of* IN *and, Bride* BECKY JO RIDENER *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* SEPTEMBER *, 19*81*.

Signed REV. JESSE D. PACE

Official Designation ENGLISH INDIANA PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* SEPT. *, 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. 467

File September 1, 1981
Date of Application

MALE
Medical Examination Report Dated 8-18-81
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 8-18-81
Name of Physician David B. Haggard

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

MALE APPLICANT

Name: First Alan Middle Lynn Last Beaty

Date of Birth: Month October Day 24 Year 1960

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

Residence Address: Street or R. R. R.R.#2 Box 465-B City Clayton County — State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) drivers license (picture)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Leonard Beaty
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Susie Lee Honeycutt
   Residence of mother (if deceased so state) Clayton, In.
   Birthplace of mother (State or foreign country) Albany, Ky.

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

Signed Alan Lynn Beaty

New Address 6820 Caribe Dr. Apt #3 Indpls. 46227

Subscribed and sworn to before me this 1 day of September 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Sherri Middle Lynn Last Edwards

Date of Birth: Month December Day 1 Year 1960

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 6820 Caribe Dr. 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 (picture)

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

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

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

Signed Sherry Lynn Edwards

New Address 6820 Caribe Dr. Apt #3 Indpls. 46227

Subscribed and sworn to before me this 1 day of September 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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 Sept, 19 81, authorizing the joining together as husband and wife ALAN LYNN BEATY and SHERRI LYNN EDWARDS

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

I, JEWEL E. DEWEES hereby certify that on the 5 day of SEPTEMBER one thousand nine hundred and 81, at BELLEVILLE, County of HENDRICKS, State of Indiana, Groom ALAN L. BEATY of HENDRICKS County, State of IN, and, Bride SHERRI L. 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 5 day of SEPTEMBER, 1981. Signed JEWEL E. DEWEES

Official Designation MINISTER

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

Signed MARY JANE RUSSELL Clerk

HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 468

File

9-1-81
Date of Application

MALE
Medical Examination Report Dated 8-25-81
Name of Physician Wm Edwards

FEMALE
Medical Examination Report Dated 8-25-81
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 Danny Middle Eugene Last Carter

Date of Birth: Month Oct Day 3 Year 1963

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Box 155 City Stilesville 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 Layton Carter
   Residence of father (if deceased so state) Greenfield, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Claramae Brickert
   Residence of mother (if deceased so state) Greenfield, 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 Danny Carter
New Address Box 155 Stilesville

Subscribed and sworn to before me this 1 day of Sept, 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 Layton Carter Father
Signed Claramae Carter Mother

Subscribed and sworn to before me this 1 day of Sept 1981.
Mary Jane Russell Clerk

FEMALE APPLICANT

Name: First Diane Middle Kay Last Cox

Date of Birth: Month Nov. Day 23 Year 1964

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Box 155 City Stilesville 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 Wayne Cox
   Residence of father (if deceased so state) Stilesville, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Evelyn Hurst
   Residence of mother (if deceased so state) Stilesville, 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 Diane Cox
New Address Cox 155 Stilesville In

Subscribed and sworn to before me this 1 day of Sept. 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 Wayne D. Cox Father
Signed X Evelyn M. Cox Mother

Subscribed and sworn to before me this 1 day of Sept 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 Stephenson I. Court by written order issued age & 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* 1st *day of* September, 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, Tom McGillard *hereby certify that on the* 2 *day of* September, *one thousand nine hundred and* eighty-one *at* Stilesville, *County of* ~~Hendricks~~, *State of Indiana, Groom* Danny E. Carter *of* Hendricks *County, State of* Indiana *and, Bride* Diane K. Cox *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 2 *day of* September, 1981.

Signed Tom McGillard
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 *day of* September, 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. 469

File

9-1-81 Date of Application

MALE
Medical Examination Report Dated 8-24-81
Name of Physician Thomas Vieira

FEMALE
Medical Examination Report Dated 8-24-81
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 Frank Middle B. Last Bassett Jr.

Date of Birth: Month June Day 6 Year 1960

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RT 1 Box 4 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 Frank Bassett Sr.
   Residence of father (if deceased so state) Indpls In.
   Birthplace of father (State or foreign country) Tenn
9. Full maiden name of mother Marguerite Cain
   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 ✗ Frank Bassett Jr.

New Address SR 39 Country Village Apts.

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 Clara Middle Grace Last Beatty

Date of Birth: Month May Day 14 Year 1961

Place of Birth (State or foreign country) Manchester Clay Ky.

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

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

New Address SR 39 County Village Apts.

Subscribed and sworn to before me this 1st day of September, 19 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 8th day of Sept., 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, Stevan W. Lawson hereby certify that on the 12 day of Sept at Clayton-Hazelwood Christian Church County of Hendricks, one thousand nine hundred and eighty one State of Indiana, Groom Frank B. Bassett of Hendricks County, State of Indiana, and, Bride Clara Grace Beatty 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 12 day of Sept, 19 81. Signed Stevan W. Lawson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of Sept, 19 81

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 470

File

Sept. 2 1981
Date of Application

MALE
Medical Examination Report Dated Aug 24, 1981
Name of Physician David B. Taggard M.D

FEMALE
Medical Examination Report Dated Aug 22, 81
Name of Physician Robert M. Armer

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

Date of Birth: Month 10 Day 2 Year 1956

Place of Birth (State or foreign country) Lafayette In

Residence Address: 2411 Street or R. R. Breland Dr. City Indpls. 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) 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 Myron Leslie May
   Residence of father (if deceased so state) Plainfield, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Virginia Rae Nicoste
   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 Michael R. May

New Address 2411 Breland Dr. Indpls, In 46234

Subscribed and sworn to before me this 2nd day of Sept, 1981.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Cathy Middle Last Strole

Date of Birth: Month 1 Day 20 Year 62

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

Residence Address: 3586 W. Lynhurst, Street or R. R. Indpls City In. County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) #925

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

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

New Address 2411 Breland Dr. Indpls 46234

Subscribed and sworn to before me this 2nd day of Sept, 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* 9 *day of* Sept. *, 19* 81 *, authorizing the joining together as husband and wife* MICHAEL R. MAY *and* CATHY STROLE

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

I, WILLIAM R. CLAYTON *hereby certify that on the* 19 *day of* SEPT., *one thousand nine hundred and* 81 *at* PLFD., *County of* HENDRICKS, *State of Indiana, Groom* MICHAEL R. MAY *of* HENDRICKS *County, State of* IN *and, Bride* CATHY STROLE *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 19 *day of* SEPT. *, 19* 81.

Signed WILLIAM R. CLAYTON

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* SEPT., *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. 471

File

Sept 2, 1981 Date of Application

MALE
Medical Examination Report Dated 8-24-81
Name of Physician D. Haggard

FEMALE
Medical Examination Report Dated 8-27-81
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 Robert Middle Allen Last East II

Date of Birth: Month Jan Day 1 Year 1961

Place of Birth (State or foreign country) Indianapolis

Residence Address: Street or R. R. 525 South East St City Plainfield 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 Robert A. East
   Residence of father (if deceased so state) Indianapolis, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carolyn J. Long
   Residence of mother (if deceased so state) Indianapolis
   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 Robert Allen East II

New Address 525 S East Plainfield

Subscribed and sworn to before me this 2 day of Sept, 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 Dee Last Mauck

Date of Birth: Month Oct. Day 5 Year 1961

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

Residence Address: Street or R. R. 1203 Section St City Plainfield County Hendricks State Ind

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Mary Dee Mauck

New Address 525 S. East Plainfield

Subscribed and sworn to before me this 2 day of Sept, 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 J. Mowrer 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 Sept, 1981, 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, Johnnie Edwards hereby certify that on the 12 day of September, one thousand nine hundred and eighty one at Plainfield County of Hendricks, State of Indiana, Groom Robert Allen East II of Hendricks County, State of Indiana, and, Bride Mary Dee Mauk 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 12 day of Sept, 19 81. Signed Johnnie Edwards

Official Designation Evangelist

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of September, 19 81. Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 472

File

Sept. 2, 1981
Date of Application

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

MALE
Medical Examination Report Dated Aug. 28, 1981
Name of Physician Bruce Beatty

FEMALE
Medical Examination Report Dated Aug. 28, 1981
Name of Physician Bruce 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 Gerry; Middle L.; Last Frisby

Date of Birth: Month 5; Day 25; Year 1963

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

Residence Address: Street or R. R. Box 4 Oakhurst Tr. Pk.; 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 Jackie Frisby
   Residence of father (if deceased so state) Peru Ind.
   Birthplace of father (State or foreign country) Arkansas
9. Full maiden name of mother Carol A. Walton
   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 Jerry Frisby
New Address Box 4 Oakhurst MHP

Subscribed and sworn to before me this 2 day of Sept., 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 Crystal; Middle L.; Last Thompson

Date of Birth: Month 6; Day 26; Year 1964

Place of Birth (State or foreign country) Trenton, New Jersey

Residence Address: Street or R. R. Box 110 Oakhurst Tr. Pk.; 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 Richard Raymond Thompson
   Residence of father (if deceased so state) Brownsburg Ind.
   Birthplace of father (State or foreign country) Pennsylvania
9. Full maiden name of mother Lois Maiden
   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 Crystal Thompson
New Address Box 4 oakhurst mhp

Subscribed and sworn to before me this 2 day of Sept, 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 Richard R Thompson ..... Father

Signed ..... Mother

Subscribed and sworn to before me this 11 day of Sept, 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* 11 *day of* Sept, 19 81, *authorizing the joining together as husband and wife* JERRY L. FRISBY *and* CRYSTAL L. THOMPSON

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

I, ROGER L. DEAN hereby certify that on the 19 day of SPET, one thousand nine hundred and 81, at INDPLS., County of MARION, State of Indiana, Groom JERRY LEE FRISBY of HENDRICKS County, State of IN and, Bride CRYSTAL LYNN THOMPBON 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* SEPT., 19 81.

Signed ROGER R. DEAN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* SEPT., 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. 472

File

Sept. 2, 1981
Date of Application

MALE
Medical Examination Report Dated Aug. 28, 1981
Name of Physician Bruce Beatty

FEMALE
Medical Examination Report Dated Aug. 28, 1981
Name of Physician Bruce 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 Jerry Middle L. Last Frisby

Date of Birth: Month 4 Day 25 Year 1963

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

Residence Address: Street or R. R. Box 4 Oakhurst Tr. Pk. 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 Jackie Frisby
   Residence of father (if deceased so state) Peru Ind.
   Birthplace of father (State or foreign country) Arkansas
9. Full maiden name of mother Carol S. Walton
   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 Jerry Frisby
New Address Box 4 Oakhurst MHP

Subscribed and sworn to before me this 2 day of Sept., 1981.
Mary Jane Russell HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Crystal Middle L. Last Thompson

Date of Birth: Month 6 Day 26 Year 1964

Place of Birth (State or foreign country) Trenton. New. Jersey

Residence Address: Street or R. R. Box 110 Oakhurst Tr. Pk. 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 Richard Raymond Thompson
   Residence of father (if deceased so state) Brownsburg Ind.
   Birthplace of father (State or foreign country) Pennsylvania
9. Full maiden name of mother Lois Maiden
   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 Crystal Thompson
New Address Box 4 oakhurst m.h.p

Subscribed and sworn to before me this 2 day of Sept 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT

We, the parents, of this applicant he
signs, state facts which render the c

State of Indiana, County of HENDRICKS
Signed
Signed
Subscribed and sworn to before me th

COMPLETE IF MARRIAGE
HENDRICKS
in

I, Lois Thompson, hereby give my consent for my Crystal Thompson Daughter to marry Jerry Frisby.

State of Indiana, Hendricks County

Subscribed and sworn to before me this 1st day of September 1981.

M. Margaret Crumps
Notary Public

My commission expires June 25, 1982

Be It Remembered

of Indiana dated the
JERRY
Be it further remembered, that
I, ROGER L.

one thousand nine hundred and 81

State of Indiana, Groom JERRY LEE FRISBY of HENDRICKS County, State of IN
and, Bride CRYSTAL LYNN THOMPSON 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 SEPT., 81

Signed ROGER R. DEAN
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of SEPT., 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. 473

File

9-4-81 Date of Application

MALE
Medical Examination Report Dated 8-28-81
Name of Physician Garnet Harris

FEMALE
Medical Examination Report Dated 8-28-81
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 David Middle A. Last Lang

Date of Birth: Month 2 Day 7 Year 1956

Place of Birth (State or foreign country) Elizabethton Tennessee

Residence Address: Street or R.R. 342 Meadow Dr #4 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 John David Lang
   Residence of father (if deceased so state) Cincinnati, Ohio
   Birthplace of father (State or foreign country) U.S.
9. Full maiden name of mother Alberta June Stevenson
   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 [signature]

New Address Same As Above

Subscribed and sworn to before me this 4 day of Sept, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Vickie Middle Lynn Last Gorham

Date of Birth: Month Oct Day 29 Year 1957

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

Residence Address: Street or R.R. RR#2 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 Richard Leon Gorham
   Residence of father (if deceased so state) Minn.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carol R. Trump
   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 Vickie Gorham

New Address 342 Meadow Dr #4 Danville In

Subscribed and sworn to before me this 4 day of Sept, 19 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 ..... and ..... of Indiana dated the 8 day of Sept, 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, J. David Lang hereby certify that on the 12 day of September, 19 81, at Danville County of Hendricks, one thousand nine hundred and eighty one State of Indiana; Groom David A. Lang of Hendricks County, State of Indiana, and, Bride Vickie Lynn Gorham 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 12 day of Sept, 19 81. Signed J. David Lang Minister

Official Designation .....

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of Sept, 19 81.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 474

File

9-4-81
Date of Application

MALE
Medical Examination Report Dated 8-28-81
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 8-28-81
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 Randy Middle Allen Last Swisher

Date of Birth: Month 12 Day 8 Year 1959

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

Residence Address: Street or R. R. 1715 Hoe 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 female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

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

New Address 3850 Windrift Dr East

Subscribed and sworn to before me this 4 day of Sept, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 J. Last Bradley

Date of Birth: Month 8 Day 28 Year 1961

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

Residence Address: Street or R. R. 4581 Bakeway 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 Geoffrey Lodge Bradley
   Residence of father (if deceased so state) Indpls Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Louise Tolen
   Residence of mother (if deceased so state) Indpls Ind.
   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 X Andrea J. Bradley

New Address Same

Subscribed and sworn to before me this 4 day of Sept, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Sept, 19 81, *authorizing the joining together as husband and wife* RANDY ALLEN SWISHER *and* ANDREA JOY BRADLEY

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

I, REV. HOWARD D. ALLEN *hereby certify that on the* 19 *day of* SEPT., *one thousand nine hundred and* 81 *at* AVON, *County of* HENDRICKS, *State of Indiana, Groom,* RANDY ALLEN SWISHER *of* MARION *County, State of* IN *and, Bride* ANDREA JOY BRADLEY *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* SEPT., 19 81.

Signed HOWARD D. ALLEN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* SEPT., 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. 475
File 42
9-8-81 Date of Application

MALE
Medical Examination Report Dated 8-15-81
Name of Physician Doley

FEMALE
Medical Examination Report Dated 8-15-81
Name of Physician Doley

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

MALE APPLICANT

Name: First James Middle M. Last Lyerla

Date of Birth: Month 3 Day 18 Year 57

Place of Birth (State or foreign country) Ill.

Residence Address: Street or R. R. 808 S. Miami Apt 6 City Marshall County Mo State 65340

Previous 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.
   No

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James H. Clayton
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Joan Ann Richards
   Residence of mother (if deceased so state) Hollywood Dec
   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 James M. Lyerla
New Address 808 S. Miami Apt 6 Marshall, Mo 65340

Subscribed and sworn to before me this 5 day of Sept, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Trent

Date of Birth: Month 10 Day 28 Year 56

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 31 Burns Dr. 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 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.
   No

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Bernie Trent
   Residence of father (if deceased so state) Brownsburg Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Anna J. Hilard
   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 A. Trent
New Address 808 S Miami Apt 6, Marshall, Mo 65340

Subscribed and sworn to before me this 5 day of Sept, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ....., 19 81, authorizing the joining together as husband and wife of Indiana dated the 12 day of Sept. and .....

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

I, William Charles McGraw hereby certify that on the 12 day of Sept, at Brownsburg, County of Hendricks, State of Indiana, one thousand nine hundred and eighty one, James Michael Lyerla of Salina County, State of Missouri, Groom, and, Bride Kimberly Ann Trent of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14 day of Sept, 19 81. Signed Wm. Chas. McGraw Minister

Official Designation .....

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

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

554

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 476

File

9-8-81
Date of Application

MALE
Medical Examination Report Dated 9-2-81

Name of Physician James B. Mullen

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 Richard Middle Lee Last Blye, Sr.

Date of Birth: Month 5 Day 14 Year 1922

Place of Birth (State or foreign country) Rossdale Ind

Residence Address: Street or R. R. R R 1 Box 106 A 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 Ernest Stig Blye Sr.
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mabel D. Sawyer
   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 + Richard L. Blye Sr.

New Address RR 1 Box 106A Lizton Ind 46149

Subscribed and sworn to before me this 8 day of Sept., 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Ruby Middle Last Colvin

Date of Birth: Month 11 Day 6 Year 1905

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. 1451 Lawndale 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) 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 August Vogel
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helena Helmer
   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 + Ruby Colvin

New Address same

Subscribed and sworn to before me this 8 day of Sept., 19 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Sept, 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, Carl M Hazel hereby certify that on the 12 day of Sept, one thousand nine hundred and eighty-one at Rainbow Acres Church of God, County of Hendricks, State of Indiana, Groom Richard Lee Blye Sr. of Hendricks County, State of Indiana, and, Bride Ruby Colvin 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 12 day of Sept, 19 81.

Signed Carl M Hazel

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of Sept, 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. 477

File

9-8-87 Date of Application

MALE
Medical Examination Report Dated 8-30-87
Name of Physician Michael Neely

FEMALE
Medical Examination Report Dated 8-30-87
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 Ronald Middle C. Last McClung

Date of Birth: Month 6 Day 20 Year 1954

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

Residence Address: Street or R. R. R 1 Box 204 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 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.
   Joshua Franklin McClung
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Franklin Millard McClung
   Residence of father (if deceased so state) Pittsboro Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorothy Lee Sperain
   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 × Ronald McClung

New Address Same

Subscribed and sworn to before me this 8 day of Sept, 19 87.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Gina Middle Marie Last Thomson

Date of Birth: Month 8 Day 28 Year 1955

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

Residence Address: Street or R. R. R 1 Box 204 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 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.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Thompson
   Residence of father (if deceased so state) Indpls Ind.
   Birthplace of father (State or foreign country) Clinton Ind.
9. Full maiden name of mother Gloria Lee Gregory
   Residence of mother (if deceased so state) Clinton Ind.
   Birthplace of mother (State or foreign country) Clinton Ind.

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

Signed × Gina M. Thomson

New Address Same

Subscribed and sworn to before me this 8 day of Sept, 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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 12 day of Sept, 19 87, authorizing the joining together as husband and wife of Indiana dated the 12 day of Sept and .....

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

I, Sherman Esep hereby certify that on the 12 day of Sept, 19 87 at Pittsboro, County of Hendricks, one thousand nine hundred and eighty-one State of Indiana, Groom Ronald G McClung of Hendricks County, State of Indiana and, Bride Gina Marie Thomson 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 12 day of Sept, 19 87. Signed Sherman Esep

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of Sept, 19 87

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 478

File

9-9-81
Date of Application

MALE
Medical Examination Report Dated 9-8-81
Name of Physician Malcolm Scamahorn

FEMALE
Medical Examination Report Dated 9-3-81
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 John Middle Adrian Last Davis

Date of Birth: Month Dec. Day 3 Year 1958

Place of Birth (State or foreign country) Hillsboro, Ohio

Residence Address: Street or R. R. Rt. A box 577 City Youngstown County Mah. 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

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Davis
   Residence of father (if deceased so state) Hillsboro Ohio
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Mary C. Elton
   Residence of mother (if deceased so state) Hillsboro
   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 A. Davis
New Address Rt. A Box 577 Youngstown Fla.

Subscribed and sworn to before me this 9 day of Sept., 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 Jean Last Gerdts

Date of Birth: Month Aug. Day 3 Year 60

Place of Birth (State or foreign country) Indpls.

Residence Address: Street or R. R. 115 N. Shiloh Road 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

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

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

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

Signed Rebecca Jean Gerdts
New Address Rt A. Box 577 Youngstown Fla

Subscribed and sworn to before me this 9 day of Sept., 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... 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 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* 9th *day of* September, 19 81, *authorizing the joining together as husband and wife* John Adrian Davis *and* Rebecca Jean Gerdts

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

I, R. J. Tidwell *hereby certify that on the* 12 *day of* Sept., *one thousand nine hundred and* 81 *at* 2010 Cobb Road 12 46234, *County of* Marion, *State of Indiana, Groom* John A. Davis *of* Bay *County, State of* Fla. *and, Bride* Rebecca J. Gerdts *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 9 *day of* Sept, 19 81.

Signed R. J. Tidwell
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* Sept., 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. 479

File

September 9, 1981
Date of Application

MALE
Medical Examination Report Dated Sept 8, 1981
Name of Physician Wm Edwards

FEMALE
Medical Examination Report Dated Sept 8, 1981
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 H. Middle Michael Last Reed

Date of Birth: Month Sept Day 7 Year 1951

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

Residence Address: Street or R. R. RR#8 Box 251-D City Indianapolis 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/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.
   Christopher Reed 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 Hugh Reed
   Residence of father (if deceased so state) Indianapolis, In
   Birthplace of father (State or foreign country) Texas
9. Full maiden name of mother Mary Kay Dooley
   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 H. Michael Reed
New Address 3967 Wind Drift Dr

Subscribed and sworn to before me this 9 day of Sept, 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Janice Middle K. Last Limback

Date of Birth: Month Sept Day 13 Year 1956

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

Residence Address: Street or R. R. 3967 Wind Drift Dr. 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 Vernon Henry Moeller
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Evelyn Joyce Kelley
   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 Janice K. Limback
New Address 3967 Wind Drift Dr. E. Indpls.

Subscribed and sworn to before me this 9 day of Sept, 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE 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 9th day of Sept., 19 81, authorizing the joining together as husband and wife H. Michael Reed and Janice K. Limback

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

I, Mary Jane Russell hereby certify that on the 10 day of Sept, one thousand nine hundred and 81, at Danville, County of Hendricks, State of Indiana, Groom H. Michael Reed of Hendricks County, State of IN and, Bride Janice K. Limback 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 10 day of Sept., 19 81. Signed Mary Jane Russell
Official Designation Clerk Hendricks Co.

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of Sept., 19 81
Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 480

File

Sept. 9, 1981
Date of Application

MALE
Medical Examination Report Dated 8-25-81
Name of Physician Lawson J. Clark

FEMALE
Medical Examination Report Dated 8-25-81
Name of Physician Spencer F. Trudgen

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

MALE APPLICANT

Name: First Bradley Middle L. Last Alexander

Date of Birth: Month October Day 31 Year 1958

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

Residence Address: Street or R. R. RR#1 Box 214 City Pleasantville County — State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) drivers license (picture)

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

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

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

Signed Bradley L. Alexander
New Address 2029 County Junction
Subscribed and sworn to before me this 9th day of September, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Kay Last Pickel

Date of Birth: Month July Day 19 Year 1960

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

Residence Address: Street or R. R. R.R.#8 Box 298 City Indpls. County — State In. 46234

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Junior Pickel
   Residence of father (if deceased so state) Indianapolis In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elma Eva Worrell
   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 Debra Kay Pickel
New Address 2029 County Junction
Subscribed and sworn to before me this 9th day of September 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Sept, 19 81, *authorizing the joining together as husband and wife* BRADLEY L. ALEXANDER *and* DEBRA KAY PICKEL

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

I, WILLIAM P. HENDRICKS *hereby certify that on the* 19 *day of* SEPT., *one thousand nine hundred and* 81 *at* WASHINGTON TOWNSHIP, *County of* HENDRICKS, *State of Indiana, Groom* BRADLEY L. ALEXANDER *of* MARION *County, State of* IN *and, Bride* DEBRA KAY PICKEL *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* SEPT., 19 81.

Signed WILLIAM P. HENDRICKS
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* SEPT., 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. 481

File

9-9-81 Date of Application

MALE
Medical Examination Report Dated 8-30-81
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 8-30-81
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 Dale Middle Allen Last Sharp

Date of Birth: Month April Day 29 Year 1960

Place of Birth (State or foreign country) Danville In

Residence Address: Street or R. R. R.R. 3 Box 10 City Danville County Hend. State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers 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 Robert Sharp
   Residence of father (if deceased so state) Danville
   Birthplace of father (State or foreign country) Ind
9. Full maiden name of mother Donna Faye Friel
   Residence of mother (if deceased so state) Danville
   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 Sharp

New Address RR 3 Box 10

Subscribed and sworn to before me this 9 day of Sept, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Ann Last Lemon

Date of Birth: Month October Day 11 Year 59

Place of Birth (State or foreign country) Indpls

Residence Address: Street or R. R. R.R. 3 Box 10 City Danville County Hend. State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Drivers 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.
   Dwayne Michael Fish
   Dawn Marie Lemon
   Deanna Michell Lemon
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Warren Fish
   Residence of father (if deceased so state) Danville
   Birthplace of father (State or foreign country) Indpls
9. Full maiden name of mother Mary Frances Curran
   Residence of mother (if deceased so state) Danville
   Birthplace of mother (State or foreign country) Indpls.

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

Signed Elizabeth Lemon

New Address R.R. 3 Box 10

Subscribed and sworn to before me this 9th day of Sept, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....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 days 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 10 day of Sept, 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, Kenneth E. Smith hereby certify that on the 12 day of Sept, one thousand nine hundred and eighty one at Danville, County of Hendricks, State of Indiana, Groom Dale Alley Sharp of Hendricks County, State of Indiana, and, Bride Elizabeth Ann Lemon 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 12 day of Sept, 19 81. Signed Kenneth E. Smith

Official Designation Priest

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of Sept, 19 81. Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 482

File

9-10-87
Date of Application

MALE
Medical Examination Report Dated 8-30-87
Name of Physician Michael L. Neeley

FEMALE
Medical Examination Report Dated 8-30-87
Name of Physician Michael L. 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 Brian Middle Dean Last Summerlot

Date of Birth: Month May Day 8 Year 1959

Place of Birth (State or foreign country) Indpls.

Residence Address: Street or R. R. R. 6 Box 158 City Danville County Hend State IN

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers 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 Everly Dean Summerlot
   Residence of father (if deceased so state) Danville
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Majorie Lou Muncy
   Residence of mother (if deceased so state) Danville
   Birthplace of mother (State or foreign 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 Dean Summerlot
New Address ~~R.R. 6~~ East Main St. Danville

Subscribed and sworn to before me this 10 day of Sept., 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 Gloria Middle Jane Last Donaldson

Date of Birth: Month July Day 3 Year 1959

Place of Birth (State or foreign country) Indpls.

Residence Address: Street or R. R. 5205 W. Regent City Indpls. County Mar. 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 Cletis Elden Donaldson
   Residence of father (if deceased so state) Indpls.
   Birthplace of father (State or foreign country) Bicknell, In
9. Full maiden name of mother Francis Jane Hyde
   Residence of mother (if deceased so state) Indpls.
   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 Gloria Jane Donaldson
New Address East Main St.

Subscribed and sworn to before me this 10th day of Sept., 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 16 day of Sept, 1987, authorizing the joining together as husband and wife BRIAN D. SUMMERLOT and CLORIA JANE DONALDSON

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

I, KENTON K. SMITH hereby certify that on the 19 day of SEPT., one thousand nine hundred and 81 at INDPLS., State of Indiana, Groom KE BRIAN D. SUMMERLOT of HENDRICKS County, State of IN, and, Bride ~~GLORIA JANE DONALDSON~~ 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 29 day of SEPT., 19 81.

Signed KENTON K. SMITH
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of OCT., 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. 483

HENDRICKS County

File

9-14-81 Date of Application

MALE
Medical Examination Report Dated 9-2-81
Name of Physician J.A. Hanna

FEMALE
Medical Examination Report Dated 9-2-81
Name of Physician J.A. Hanna

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

MALE APPLICANT

Name: First Nathan Middle Ray Last Hays

Date of Birth: Month August Day 1 Year 1959

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

Residence Address: Street or R. R. 9250 Rockville Road City Indpls. County Marion State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers License w/picture

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

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

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

Signed Nathan Ray Hays

New Address 441 E. MILL ST. DANVILLE

Subscribed and sworn to before me this 14 day of Sept, 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 Sheeree Middle Lee Last Armentrout

Date of Birth: Month May Day 25 Year 1959

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

Residence Address: Street or R. R. 441 E. Mill St. City Danville County Hendricks State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers License w/picture

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

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

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

Signed Sheeree Lee Armentrout

New Address 441 E. Mill St. Danville In.

Subscribed and sworn to before me this 14 day of Sept, 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 18 day of Sept, 1981, authorizing the joining together as husband and wife Nathan Ray Hays and Sheeree L. Armentrout

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

I, Johnny R. Harrison hereby certify that on the 26 day of Sept, one thousand nine hundred and 81 at Lakeview Christian Center County of Marion State of Indiana, Groom Nathan R. Hays of Marion County, State of Ind and, Bride Sheeree L. Armentrout 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 Sept, 1981. Signed Johnny Harrison

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of Sept, 1981

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

562

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 484

File

9-14-81
Date of Application

MALE
Medical Examination Report Dated 9-11-81

Name of Physician Duncan

FEMALE
Medical Examination Report Dated 9-14-81

Name of Physician Duncan

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

MALE APPLICANT

Name: First Dennis Middle W. Last Schooley

Date of Birth: Month 6 Day 8 Year 1954

Place of Birth (State or foreign country) Chicago, Illinois

Residence Address: Street or R. R. 216 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 w/picture

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Harold Schooley
   Residence of father (if deceased so state) Globe, Ariz.
   Birthplace of father (State or foreign country) Knox Ind.
9. Full maiden name of mother Barbara Lee Bennett
   Residence of mother (if deceased so state) Globe, Ariz.
   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 Dennis W. Schooley

New Address P.O. Box 1931 Estes Park Colo. 80517

Subscribed and sworn to before me this 14 day of September 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Deborah Middle Ann Last Runyan

Date of Birth: Month 3 Day 14 Year 1964

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

Residence Address: Street or R. R. 216 N. Vine City Clfd 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 Ronald Lee Runyon
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Crawfordsville Ind.
9. Full maiden name of mother Sharon Sue Fulweit
   Residence of mother (if deceased so state) Jamestown, Ind.
   Birthplace of mother (State or foreign country) Crawfordsville 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 A Runyon

New Address P.O. Box 1931 Estes Park, Col. 80517

Subscribed and sworn to before me this 14 day of Sept, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

...give consent for this marriage. If only one parent

...nt of the other parent unnecessary.....

} ss:

.....Father

.....Mother

.....day of....., 19.....

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

...there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court ...day of* Sept., 19 81, *authorizing the joining together as husband and wife* Schooley *and* Deborah Ann Runyon *...owing marriage certificate was filed in my office, to-wit:*

...hereby certify that on the 16 *day of* Sept., *...81, at* Danville, *County of* Hendricks, *...Louis D. Schooley of* Hendricks *County, State of* IN *...Ann Runyon of* Hendricks *County, State of* IN, *...uthorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *...day of* Sept., 19 81.

Signed Carl Pugh

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 21 *day of* Sept., 19 81.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

562

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 484

File

9-14-81
Date of Application

MALE
Medical Examination Report Dated 9-11-81

Name of Physician Duncan

FEMALE
Medical Examination Report Dated 9-14-81

Name of Physician Duncan

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

MALE APPLICANT

Name: First Dennis Middle W. Last Schooley

Date of Birth: Month 6 Day 8 Year 1958

Place of Birth (State or foreign country) Chicago, Illinois

Residence Address: Street or R. R. 216 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 w/picture

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Harold Schooley
   Residence of father (if deceased so state) Globe, Ariz.
   Birthplace of father (State or foreign country) Knox Ind.
9. Full maiden name of mother Barbara Lee Bennett
   Residence of mother (if deceased so state) Globe, Ariz.
   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 Dennis W. Schooley

New Address P.O. Bx 1931 Estes Park Colo 80517

Subscribed and sworn to before me this 14 day of September 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Deborah Middle Ann Last Runyan

Date of Birth: Month 3 Day 14 Year 1964

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

Residence Address: Street or R. R. 216 N. Vine City Clfd 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 Ronald Lee Runyon
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Crawfordsville Ind.
9. Full maiden name of mother Sharon Sue Kulweit
   Residence of mother (if deceased so state) Jamestown Ind
   Birthplace of mother (State or foreign country) Crawfordsville 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 A Runyon

New Address P.O. Box 1931 Estes Park, Col. 80517

Subscribed and sworn to before me this 14 day of Sept, 1981.

Mary Jane Russell Clerk HENDRICKS Circuit Court

GUARDIAN

give consent for this marriage. If only one parent

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent

ary

Father

Mother

, 19

Clerk

med parties, the

and filed

Circuit Court

husband and wife

,

,

,

NDRICKS

Dated this 14 day of

Signed

Official Designation

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of Sept, 19 81.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

2 September 1981

CONCERN:

UNYON, NATURAL FATHER OF DEBORAH ANN RUNYON, DO HEREBY

SION FOR HER TO MARRY DENNIS W. SCHOOLEY.

Ronald L Runyon
RONALD L. RUNYON

iana
rion

e the undersigned, a Notary Public for Marion County,
iana, personally appeared Ronald L. Runyon, and acknowledged the
the foregoing instrument this 2nd day of September 1981.

Charles L. Hunt
Charles L. Hunt
Notary Public

My commission expires Feb 16, 1982.

562

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 484

File

9-14-81
Date of Application

MALE
Medical Examination Report Dated 9-11-81

Name of Physician Duncan

FEMALE
Medical Examination Report Dated 9-14-81

Name of Physician Duncan

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

MALE APPLICANT

Name: First Dennis Middle W. Last Schooley

Date of Birth: Month 6 Day 8 Year 1958

Place of Birth (State or foreign country) Chicago Illinois

Residence Address: Street or R. R. 216 N. Pine 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 Kenneth Harold Schooley
   Residence of father (if deceased so state) Globe, Ariz.
   Birthplace of father (State or foreign country) Knox Ind.
9. Full maiden name of mother Barbara Lee Bennett
   Residence of mother (if deceased so state) Globe, Ariz.
   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 Dennis W. Schooley

New Address P.O. Bx 1931 Estes Park Colo 80517

Subscribed and sworn to before me this 14 day of September 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Deborah Middle Ann Last Runyon

Date of Birth: Month 3 Day 14 Year 1964

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

Residence Address: Street or R. R. 216 N. Pine 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 Ronald Lee Runyon
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Crawfordsville Ind.
9. Full maiden name of mother Sharon Sue Fulweit
   Residence of mother (if deceased so state) Jamestown, Ind
   Birthplace of mother (State or foreign country) Crawfordsville 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 A Runyon

New Address P.O. Box 1931 Estes Park, Col. 80517

Subscribed and sworn to before me this 14 day of Sept, 1981.

Mary Jane Russell Clerk HENDRICKS Circuit Court

Sept. 1, 1981

To whom it may concern :

I, Sharon S. Booher, natural mother of Deborah Ann Runyon, do give my permission for her to marry Dennis W. Schooley.

Sharon S. Booher

SIGNED BEFORE ME, A NOTARY PUBLIC.

Michael J. Bellamy
MICHAEL J. BELLAMY

MICHAEL J. BELLAMY
Notary Public, Boone County, Ind.
My Comm. Expires April 25, 1982

My commission expires Feb 16, 1982.

If only one parent
ry .....
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.....
.....
.....Father
.....Mother
....., 19.....
.....Clerk

med parties, the
.....and filed

.....Circuit Court
usband and wife
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.....,
.....,
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.....,
DRICKS
.....

Dated this .....day of .....

Signed .....

Official Designation .....

Filed and recorded in accordance with the laws of the State of Indiana this 21 *day of* Sept, 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. 485

File

Date of Application 9-15-81

MALE
Medical Examination Report Dated 9-8-81
Name of Physician Cohen

FEMALE
Medical Examination Report Dated 9-10-81
Name of Physician 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 G Last Rose

Date of Birth: Month 7 Day 18 Year 1958

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

Residence Address: 325 Southmore Street or R. R. Plfd 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 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 Thomas E. Rose
   Residence of father (if deceased so state) Plfd Ind.
   Birthplace of father (State or foreign country) Indpls Ind.
9. Full maiden name of mother Shirley A. Sheets
   Residence of mother (if deceased so state) Plfd 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 ✕ Michael G Rose

New Address Same

Subscribed and sworn to before me this 15 day of Sept, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 E. Last Hale

Date of Birth: Month 9 Day 21 Year 1957

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

Residence Address: 325 Southmore Street or R. R. Plfd 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 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 William Ray Hale
   Residence of father (if deceased so state) Indpls Ind.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Mary Elizabeth Tuttle
   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 ✕ Susan E. Hale

New Address Same

Subscribed and sworn to before me this 15 day of Sept, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court, 19* 81 *authorizing the joining together as husband and wife of Indiana dated the* 15 *day of* SEPT. *and* MICHAEL G. ROSE *and* SUSAN E. HALE

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

I, WILLIAM R. CLAYTON *hereby certify that on the* 19 *day of* SEPT., *one thousand nine hundred and* 81 *at* PLFD., *County of* HENDRICKS, *State of Indiana, Groom* MICHAEL G. ROSE *of* HENDRICKS *County, State of* IN *and, Bride* SUSAN E. HALE *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* SEPT., 19 81. *Signed* WILLIAM R. CLAYTON

Official Designation PASTOR

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

Signed MARY JANE RUSSELL *Clerk*

HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 486

File

Sept. 15, 1981
Date of Application

MALE
Medical Examination Report Dated 9-12-81
Name of Physician N. Palmer

FEMALE
Medical Examination Report Dated 9-12-81
Name of Physician N. Palmer

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

Date of Birth: Month March Day 5 Year 1928

Place of Birth (State or foreign country) Mooresville Indiana

Residence Address: Street or R. R. RR#18 Box 361A City Indianapolis County Hend. State Indiana

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) 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.
   Bruce Wayne Brown 20
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Brown Sr.
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lucy Kathrine Bokon
   Residence of mother (if deceased so state) Gila Bnd, Az
   Birthplace of mother (State or foreign 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 Brown

New Address 1041 Pumpkinvine Hill

Subscribed and sworn to before me this 15 day of Sept, 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 Joyce Middle Mae — Last Weigel

Date of Birth: Month May Day 31 Year 1934

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

Residence Address: Street or R. R. 1041 Pumpkinvine Hill City Mooresville County State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) 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.
   John Luther Hayden Jr 12
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Frank Woody
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jennie Yorks
   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 Joyce Mae Weigel

New Address 1041 Pumpkinvine Hill Mooresville In 46151

Subscribed and sworn to before me this 15 day of Sept, 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* Aug, 1981, *authorizing the joining together as husband and wife* Kenneth Brown, Jr. *and* Joyce M. Weigel

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

I, Emery Parks *hereby certify that on the* 20 *day of* Sept., *one thousand nine hundred and* 81 *at* Mooresville, *County of* Morgan, *State of Indiana, Groom* Kenneth Brown, Jr. *of* Hendricks *County, State of* Ind. *and, Bride* Joyce M. Weigel *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 17 *day of* Sept., 81

Signed Emery Parks

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 25 *day of* Sept., 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. 487

File

9-15-81 Date of Application

MALE
Medical Examination Report Dated 9-8-81
Name of Physician Baker

FEMALE
Medical Examination Report Dated 9-8-81
Name of Physician 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 Joseph Middle Paul Last Leepper

Date of Birth: Month 7 Day 6 Year 1957

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

Residence Address: Street or R. R. 5985 E 500 N 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 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 E. Leepper
   Residence of father (if deceased so state) Virden Ill.
   Birthplace of father (State or foreign country) Springfield. Ill.
9. Full maiden name of mother Shirley Ann Patterbush
   Residence of mother (if deceased so state) Virden, Ill.
   Birthplace of mother (State or foreign country) Springfield. Ill.

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

Signed Joseph Paul Lepper

New Address Indianapolis

Subscribed and sworn to before me this 15th day of September 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 L Last McClintock

Date of Birth: Month 3 Day 31 Year 1960

Place of Birth (State or foreign country) Mt. Sterling Ky

Residence Address: Street or R. R. 595 S E. 500 N 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 Charles Wm. McClintock
   Residence of father (if deceased so state) B'burg, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Naomi Louise Richard
   Residence of mother (if deceased so state) B'burg, 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 Karen Lynn McClintock

New Address Indianapolis

Subscribed and sworn to before me this 15th day of September 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued..... 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 24 day of Sept., 19 81, authorizing the joining together as husband and wife Joseph P. Leepper and Karen L. McClintock

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

I, George Davis hereby certify that on the 26 day of Sept. one thousand nine hundred and 81 at Brownsburg, County of Hend. State of Indiana, Groom Joseph P. Leepper of Hendricks County, State of In and, Bride Karen L. McClintock 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 28 day of Sept., 19 81. Signed George Davis

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of Sept., 19 81.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 388

File

September 16, 1981
Date of Application

MALE
Medical Examination Report Dated 9-9-81
Name of Physician R. Steele

FEMALE
Medical Examination Report Dated 9-9-81
Name of Physician R. Steele

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

MALE APPLICANT

Name: First Marlon Middle J. Last Shaffer

Date of Birth: Month Feb Day 4 Year 1958

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

Residence Address: Street or R. R. RR#1 Box 179B 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.

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

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

Signed Marlon J. Shaffer

New Address P.O. Box 341 Pittsboro Ind 46167

Subscribed and sworn to before me this 16 day of Sept, 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 Luanna Middle F. Last Johnson

Date of Birth: Month March Day 12 Year 1951

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

Residence Address: Street or R. R. P.O. Box 341 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 male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

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

New Address P.O. Box 341 Pittsboro Ind 46167

Subscribed and sworn to before me this 16 day of Sept, 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* 21 *day of* Sept. *, 19*81*, authorizing the joining together as husband and wife* MARLON J. SHAFFER *and* LUANNA F. JOHNSON

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

I, DON R. McWILLIAMS *hereby certify that on the* 3 *day of* OCT. *, one thousand nine hundred and* 81 *at* LEBANON, IND. *, County of* BOONE *, State of Indiana, Groom* MARLON J. SHAFFER *of* HENDRICKS *County, State of* IN *and, Bride* LUANNA F. JOHNSON *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* OCT. *, 19*81*.

Signed DON A. McWILLIAMS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 6 *day of* OCT. *, 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. 489

File

9-16-81
Date of Application

MALE
Medical Examination Report Dated 9-1-81
Name of Physician Johnson

FEMALE
Medical Examination Report Dated 9-1-81
Name of Physician Johnson

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

MALE APPLICANT

Name: First Anthony Middle Joseph Last Genaro

Date of Birth: Month 10 Day 7 Year 1962

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

Residence Address: Street or R. R. 646 Spruce 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 Joseph L. Genaro
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Jean Bryant
   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 Anthony J. Genaro
New Address Plainfield

Subscribed and sworn to before me this 16 day of Sept, 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 Julia Middle L. Last Blanton

Date of Birth: Month 5 Day 1 Year 1964

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

Residence Address: Street or R. R. 2040 Gibbs 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 Robert L. Blanton
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Hend. Co. Ind.
9. Full maiden name of mother Geneva Wood
   Residence of mother (if deceased so state) Plfd. 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 Julia L. Blanton
New Address Plainfield

Subscribed and sworn to before me this 16 day of Sept, 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 x Geneva Blanton Mother
Subscribed and sworn to before me this 16 day of Sept, 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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court* ..... *, 19* 81 *, authorizing the joining together as husband and wife of Indiana dated the* 21 *day of* Sept. *and* Julia L. Blanton

Anthony J. Genaro

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

I, Harry E. Conens *hereby certify that on the* 2 *day of* Oct *one thousand nine hundred and* 81 *at* Zion Assembly of God *, County of* Hend *State of Indiana, Groom* Anthony J. Genaro *of* Hendricks *County, State of* Ind *and, Bride* Julia L. Blanton *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* Oct. *, 19* 81 *.* *Signed* Harry E. Conens

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* Oct. *, 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. 490

File

Sept. 17, 1981
Date of Application

MALE
Medical Examination Report Dated 9-11-81
Name of Physician Ludmilla Townsend

FEMALE
Medical Examination Report Dated 9-11-81
Name of Physician ~~Linda~~ Ludmilla Townsend

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

Date of Birth — Month: May Day: 3 Year: 1956

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

Residence Address — Street or R. R.: 1631 Walnut St. City: Plainfield County: Hen. State: In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Dr. License

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

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

New Address Walnut Hills Apts. Plfd.

Subscribed and sworn to before me this 17th day of Sept., 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: Sheila Middle: K. Last: Waskom (born)

Date of Birth — Month: Jan Day: 17 Year: 1959

Place of Birth (State or foreign country): Mo

Residence Address — Street or R. R.: 296 Duffy St. City: Plainfield County: Hen. State: In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Dr. License

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

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

New Address Walnut Hills Apts Plfd

Subscribed and sworn to before me this 17th day of Sept, 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Sept, 19 81, *authorizing the joining together as husband and wife* KEVIN R. EATON *and* SHEILA K. WASKOM

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

I, PAUL TAYLOR *hereby certify that on the* 3 *day of* OCT., *one thousand nine hundred and* 81 *at* PLFD., *County of* HENDRICKS, *State of Indiana, Groom* KEVIN R. EATON *of* HENDRICKS *County, State of* IN *and, Bride* SHEILA K. WASKOM *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* OCT., 19 81

Signed PAUL TAYLOR

Official Designation MINISTER

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

Signed MARY JANE RUSSELL *Clerk*

HENDRICKS *Circuit Court*

Fee paid.

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 491

File

Date of Application 9-17-81

MALE
Medical Examination Report Dated 9-10-81
Name of Physician Shull

FEMALE
Medical Examination Report Dated 9-10-81
Name of Physician Shull

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

MALE APPLICANT

Name: First M-Kevin Middle — Last Dotson

Date of Birth: Month 2 Day 21 Year 1962

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

Residence Address: Street or R. R. 9735 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 female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Curry Dotson
   Residence of father (if deceased so state) B'burg Ind.
   Birthplace of father (State or foreign country) Ill. Va.
9. Full maiden name of mother Betty Jo Hampton
   Residence of mother (if deceased so state) B'burg Ind.
   Birthplace of mother (State or foreign country) Ill. Va.

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

Signed x M. Kevin Dotson

New Address 9735 E. 1000 N.

Subscribed and sworn to before me this 17 day of Sept, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Carmel Middle Ann Last Spencer

Date of Birth: Month 8 Day 28 Year 1962

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

Residence Address: Street or R. R. 9735 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 Stephen M. Spencer
   Residence of father (if deceased so state) Carmel Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Tripola M. Hamacle
   Residence of mother (if deceased so state) Carmel Ind.
   Birthplace of mother (State or foreign country) Indiana

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

Signed x Carmel Spencer

New Address 9735 E 1000 N

Subscribed and sworn to before me this 17 day of Sept, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 September, 19 81, authorizing the joining together as husband and wife Michael Kevin Dotson and Carmel Ann Spencer

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

I, Dale H. Beutler hereby certify that on the 26 day of Sept, at Whitetown, County of Boone, County, State of IN

one thousand nine hundred and 81 of Hendricks, County, State of IN

State of Indiana, Groom Michael K. Dotson of Hendricks

and, Bride Carmel Ann Spencer of Hendricks County, State of IN

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

Dated this 26 day of Sept., 19 81. Signed Dale H. Beutler

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of Sept., 19 81

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 492

File

Sept. 17, 1981
Date of Application

MALE
Medical Examination Report Dated 9-14-81
Name of Physician Robt. A. McDougal

FEMALE
Medical Examination Report Dated 9-14-81
Name of Physician Robt. 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 Larry Middle R. Last Clunie

Date of Birth: Month February Day 18 Year 1944

Place of Birth (State or foreign country) New Albanes, In

Residence Address: 232½ Avon Ave. Street or R. R. Plfd. 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) 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 Robert O. Clunie
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Vera E. Eisenmenger
   Residence of mother (if deceased so state) Indpls.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Larry R. Clunie
New Address 232½ Avon Av. #1, Plainfield In

Subscribed and sworn to before me this 17 day of Sept, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Luanne Middle R Last Burns

Date of Birth: Month April Day 26 Year 1956

Place of Birth (State or foreign country) La Grange, In

Residence Address: 9702 Ramona Dr. Street or R. R. Indpls. City Hend. County IN State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ 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 Clifford D. Burns
   Residence of father (if deceased so state) Kimmell, In
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Mary L. Miller
   Residence of mother (if deceased so state) Kimmell, 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 Luanne R Burns
New Address 232½ Avon Ave #1 Plainfield, Ind

Subscribed and sworn to before me this 17 day of Sept, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 22 *day of* Sept., 19 81, *authorizing the joining together as husband and wife* Larry R. Clunie *and* Luanne R. Burns

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Terry Kessinger *hereby certify that on the* 27 *day of* Sept., *one thousand nine hundred and* 81 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Larry R. Clunie *of* Hendricks *County, State of* In *and, Bride* Luanne R. Burns *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* Sept., 19 81.

Signed Terry Kessinger
Official Designation Judge Pro-Tem

Filed and recorded in accordance with the laws of the State of Indiana this 28 *day of* Sept., 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. 493

File

Sept. 18, 1987
Date of Application

MALE
Medical Examination Report Dated 9-15-87
Name of Physician Ludmila O. Frammell

FEMALE
Medical Examination Report Dated 9-15-87
Name of Physician Ludmila O. Frammell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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

Date of Birth: Month January Day 4 Year 1943

Place of Birth (State or foreign country) Shelbyville

Residence Address: Street or R. R. 405 Linden Lane City Hfld. 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/o picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Kory Organ
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Paris Leon Organ
   Residence of father (if deceased so state) Indpls
   Birthplace of father (State or foreign country) Wash. Indiana
9. Full maiden name of mother Gladys Marie Wilcock
   Residence of mother (if deceased so state) Indpls
   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 Leon Organ

New Address 405 LINDEN LA

Subscribed and sworn to before me this 18th day of Sept, 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 Judith Middle M. Last Wilson

Date of Birth: Month Sept. Day 2 Year 1935

Place of Birth (State or foreign country) Indpls.

Residence Address: Street or R. R. 405 Linden Lane City Hfld. 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.
   John Wilson
   Larry Wilson
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Sims
   Residence of father (if deceased so state) Indpls
   Birthplace of father (State or foreign country) Martinsville
9. Full maiden name of mother Garnetta Craig
   Residence of mother (if deceased so state) Indpls
   Birthplace of mother (State or foreign country) Bdford

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Judith M Wilson

New Address 405 Linden Ln - Plainfield

Subscribed and sworn to before me this 18 day of Sept, 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

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... 19 87, authorizing the joining together as husband and wife of Indiana dated the 24 day of Sept and Judith M. Wilson Leon R. Organ

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 Sept one thousand nine hundred and 87 at Danville County of Hendricks State of Indiana, Groom Leon R. Organ of Hendricks County, State of IN and, Bride Judith M. Wilson 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 24 day of Sept, 19 87. Signed Mary Jane Russell Official Designation Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of Nov, 19 87. Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 494

File

Sept 18, 1981
Date of Application

MALE
Medical Examination Report Dated 9-18-81
Name of Physician Wm Wagner

FEMALE
Medical Examination Report Dated 9-18-81
Name of Physician Wm Wagner

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Parrish

Date of Birth: Month Nov. Day 20 Year 1957

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1228 Olive 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 J. L. Parrish
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary Volz
   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 John J. Parrish
New Address 3905 Wind Drift Dr. W. Apt 2D

Subscribed and sworn to before me this 18 day of Sept, 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 Sarah Middle Ann Last Forbert

Date of Birth: Month Sept Day 25 Year 1962

Place of Birth (State or foreign country) Vermont

Residence Address: Street or R. R. 1536 Stanley Rd. 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 Lionel Forbert
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) N. Y.
9. Full maiden name of mother Barbara Myers
   Residence of mother (if deceased so state) Same
   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 Sarah Ann Forbert
New Address 3905 Wind Drift Dr. W. Apt 2D

Subscribed and sworn to before me this 18 day of Sept, 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* Sept, 1981, *authorizing the joining together as husband and wife* John J. Parrish *and* Sarah Ann Forbert

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Richard Poe *hereby certify that on the* 26 *day of* Sept, *one thousand nine hundred and* 81 *at* Ind., *State of Indiana, Groom* John J. Parrish *of* Hendricks *County, State of* Ind *and, Bride* Sarah Ann Forbert *of* Hendricks *County, State of* Ind, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 22 *day of* Sept. *19* 81.

Signed Richard Poe
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* Sept, *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. 495

File

Date of Application 9-18-81

MALE
Medical Examination Report Dated 9-14-81
Name of Physician O'Brien

FEMALE
Medical Examination Report Dated 9-14-81
Name of Physician O'Brien

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 B. Last Ferguson

Date of Birth: Month 1 Day 14 Year 1962

Place of Birth (State or foreign country) Greencastle Ind

Residence Address: Street or R. R. 5940 Lakeview 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 Ronald J Ferguson
   Residence of father (if deceased so state) Greencastle Ind.
   Birthplace of father (State or foreign country) Frankfort Ind.
9. Full maiden name of mother Rita Pauline Pence
   Residence of mother (if deceased so state) Greencastle 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 Mark Ferguson

New Address same

Subscribed and sworn to before me this 18 day of Sept, 19 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 L. Last Polley

Date of Birth: Month 4 Day 2 Year 1962

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. 100 Maple Brook 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 Thomas Edward Polley
   Residence of father (if deceased so state) B'burg Ind.
   Birthplace of father (State or foreign country) Indpls Ind.
9. Full maiden name of mother Vicki Sue Shelton
   Residence of mother (if deceased so state) B'burg Ind
   Birthplace of mother (State or foreign country) Washington Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Lisa L Polley

New Address same

Subscribed and sworn to before me this 18 day of Sept, 19 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 HENDRICKS Circuit Court of Indiana dated the 22 day of September, 19 81, authorizing the joining together as husband and wife Mark B. Ferguson and Lisa L. Polley

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Stephen P. Graham hereby certify that on the 3 day of Oct. one thousand nine hundred and 81 at Brownsburg, County of Hendricks, State of Indiana, Groom Mark B. Ferguson of Marion County, State of IN and, Bride Lisa L. Polley 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 Oct., 19 81. Signed Stephen P. Graham

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of Oct, 19 81

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

574

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 496

File

9-21-81
Date of Application

MALE
Medical Examination Report Dated 9-9-81
Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated 9-9-81
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 Kenneth Middle Wm. Last Furby

Date of Birth: Month 1 Day 3 Year 1924

Place of Birth (State or foreign country) Canada

Residence Address: Street or R. R. 1401 Southfield City Birmingham County Oakland State Mi

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Furby
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) England
9. Full maiden name of mother Patrissia Marie Peterson
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Detroit Mich.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Kenneth W Furby
New Address 7 Midland Ct. Danville

Subscribed and sworn to before me this 21 day of Sept., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Shelbie Middle Jean Last Lehman

Date of Birth: Month 3 Day 18 Year 1937

Place of Birth (State or foreign country) Rutherford Co. N. Carolina

Residence Address: Street or R. R. 7 Midland Ct. 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Blake Burnan Bradley
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Cleveland Co. N. Carolina
9. Full maiden name of mother Bertha Lee Delpha Walker
   Residence of mother (if deceased so state) Forest City N. Carolina
   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 x Shelbie J. Lehman
New Address 7 MIDLAND CT., DANVILLE

Subscribed and sworn to before me this 21 day of Sept, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 25 *day of* Sept, 19 81, *authorizing the joining together as husband and wife* Kenneth W. Furby *and* Shelbie J. Lehman

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Doris A. Bang *hereby certify that on the* 11 *day of* Oct., *one thousand nine hundred and* 81 *at* Dayton, *County of* Hendricks, *State of Indiana, Groom* Kenneth W. Furby *of* Oakland *County, State of* Michigan *and, Bride* Shelbie J. Lehman *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 11 *day of* Oct., 19 81.

Signed Doris A. Bang
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 15 *day of* Oct., 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. 491

File Sept 21, 1981
Date of Application

MALE
Medical Examination Report Dated 9-8-81
Name of Physician M. Scarnahorn

FEMALE
Medical Examination Report Dated 9-8-81
Name of Physician M. Scarnahorn

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Allen Last Jones
Date of Birth: Month June Day 6th Year 1963
Place of Birth (State or foreign country) Clinton Indiana
Residence Address: Street or R. R. RR # 2 Box 263 City Roachdale 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 Robert Dale Jones
   Residence of father (if deceased so state) Roachdale, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jane Ellen Hutchinson
   Residence of mother (if deceased so state) Roachdale, 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 Robert A. Jones
New Address R.R. 2 Box 263, Roachdale In.
Subscribed and sworn to before me this 21 day of Sept, 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 Taunya Middle Lyn Last Gregg
Date of Birth: Month May Day 31 Year 1964
Place of Birth (State or foreign country) Richmond Indiana
Residence Address: Street or R. R. RR1 Box 65 City Coatsville, County Indiana State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard Holcomb Gregg
   Residence of father (if deceased so state) Coatsville, In
   Birthplace of father (State or foreign country) Penn.
9. Full maiden name of mother Brenda Lee Stephens
   Residence of mother (if deceased so state) Coatsville, 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 Taunya Gregg
New Address RR2 Box 263 Roachdale Ind.
Subscribed and sworn to before me this 21 day of Sept, 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 Richard L. Gregg Father
Signed Brenda Lou Gregg Mother
Subscribed and sworn to before me this 21 day of Sept, 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 ..... on the 25th day of Sept., 1981, authorizing the joining together as husband and wife of Indiana dated the ..... day of ..... and Taunya Lyn Gregg
Robert A. Jones
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Howard Cupp hereby certify that on the 2 day of Oct, 1981, at Danville, County of Hendricks, one thousand nine hundred and 81 of Putnam County, State of Ind., State of Indiana, Groom Robert A. Jones of Hendricks County, State of Ind., and, Bride Taunya Lyn Gregg 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 2 day of Oct, 1981. Signed Howard Cupp
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of Oct, 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. 498

File

Sept 21, 1981
Date of Application

MALE
Medical Examination Report Dated 9-14-81

Name of Physician M. Neely

FEMALE
Medical Examination Report Dated 9-14-81

Name of Physician M. 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 Thomas Middle A. Last Dull

Date of Birth: Month May Day 6 Year 1946

Place of Birth (State or foreign country) Evansville, Indiana

Residence Address: Street or R. R. 420 Lisa 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) 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 Fredrick Dull
   Residence of father (if deceased so state) Newburg, Ind.
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Julia Lynlee Studeville
   Residence of mother (if deceased so state) Newburg, 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 Thomas A. Dull

New Address 420 Lisa Lane,

Subscribed and sworn to before me this 21 day of Sept, 1981.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Jody Middle B. Last Morgan

Date of Birth: Month April Day 28 Year 1957

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. 420 Lisa 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) 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 Reed Morgan
   Residence of father (if deceased so state) Speedway, In
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Robin Lucille Sokeid
   Residence of mother (if deceased so state) Coos Bay, Ore.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jody B Morgan

New Address 420 Lisa Lane

Subscribed and sworn to before me this 21 day of Sept, 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* 25 *day of* Sept, 19 81, *authorizing the joining together as husband and wife* Thomas A. Dull *and* Jody B Morgan

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Mark S Merrill *hereby certify that on the* 26 *day of* Sept, *one thousand nine hundred and* 81 *at* Big Eagle Lot Chitchaw, *County of* Marion, *State of Indiana, Groom* Thomas A. Dull *of* Hendricks *County, State of* In *and, Bride* Jody B Morgan *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* Sept, 19 81.

Signed Mark S Merrill

Official Designation associate Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* Sept, 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. 499

File

Sept 22, 1981
Date of Application

MALE
Medical Examination Report Dated 9-1-81
Name of Physician R. Ronsburg

FEMALE
Medical Examination Report Dated 9-1-81
Name of Physician R. Ronsburg

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 J Last Dillman

Date of Birth: Month Feb Day 19 Year 1945

Place of Birth (State or foreign country) Indianapolis, In

Residence Address: Street or R. R. 1209 E Pleasant City Indianapolis County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers Lic w/pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Roy J. Dillman Jr. 17
   Richard Allen 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 Ernest J. Dillman
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Mo.
9. Full maiden name of mother Lonnie Rosa Withers
   Residence of mother (if deceased so state) Monicello, 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 Roy J Dillman

New Address 2404 Lake of Lanterns

Subscribed and sworn to before me this 22 day of Sept, 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 G. Last Copeland

Date of Birth: Month July Day 6 Year 1949

Place of Birth (State or foreign country) Evansville, Indiana

Residence Address: Street or R. R. 2464 Lake of Lanterns Dr. City Indianapolis County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers Lic w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Aaron W. Copeland
   Residence of father (if deceased so state) Evansville, In
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Pauline Cunningham
   Residence of mother (if deceased so state) Evansville, 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 G. Copeland

New Address 2404 Lake of Lanterns

Subscribed and sworn to before me this 22 day of Sept, 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

Be 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 Sept, 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: ..... and .....
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

578

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 500

File 42

9-22-81
Date of Application

MALE
Medical Examination Report Dated 9-16-81
Name of Physician Veach

FEMALE
Medical Examination Report Dated 9-15-81
Name of Physician Heaton

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Clair Middle [illegible] Last Romerill

Date of Birth: Month 9 Day 12 Year 30

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. R2 City Ladoga County [illegible] State Ind. 47954

Previous 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.
   David
   Suzanne
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Romerill
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Goldie Wheeler
   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 X Clair Romerill
New Address RR1 Box 57 Coatesville, Ind.

Subscribed and sworn to before me this 22 day of Sept, 19 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Susan Middle [illegible] Last Waggoner

Date of Birth: Month 4 Day 10 Year 51

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RR 1 City Coatesville County [illegible] State Ind. 46121

Previous 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.
   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 Randall A. Waggoner
   Residence of father (if deceased so state) Coatesville, Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary M. Fischer
   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 Susan Waggoner
New Address RR1 Box 57 Coatesville Ind

Subscribed and sworn to before me this 22 day of Sept, 19 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 26th *day of* Sept, 19 81, *authorizing the joining together as husband and wife* Clair Romerill *and* Susan Waggoner

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Howard Cupp *hereby certify that on the* 27 *day of* Sept, *one thousand nine hundred and* 81 *at* Coatesville, *County of* Hend., *State of Indiana, Groom* Clair Romerill *of* Hendricks *County, State of* Ind. *and, Bride* Susan Waggoner *of* Hendricks *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 27 *day of* Sept, 19 81.

Signed Howard Cupp

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 29 *day of* Sept, 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. 501

File

Sept 22, 1981
Date of Application

MALE
Medical Examination Report Dated 9-10-81
Name of Physician L. Lovell

FEMALE
Medical Examination Report Dated 9-10-81
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 Timothy Middle P. Last Horrigan

Date of Birth: Month Oct Day 10 Year 1957

Place of Birth (State or foreign country) Detroit, Michigan

Residence Address: Street or R. R. 3023 N. Auburn Rd. City Indianapolis County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Francis Horrigan, Jr
   Residence of father (if deceased so state) Plainfield, Ind
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Jessie Carolyn Miller
   Residence of mother (if deceased so state) Plainfield, 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 Timothy P. Horrigan

New Address 3023 N. Auburn Rd.

Subscribed and sworn to before me this 22 day of Sept, 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 Annette Middle Last Duncan

Date of Birth: Month Nov Day 2 Year 1963

Place of Birth (State or foreign country) Louisville, Indiana

Residence Address: Street or R. R. 1903 Avon Rd. 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 Larry Joe Duncan
   Residence of father (if deceased so state) Greenwood, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Shirley Christine Farley
   Residence of mother (if deceased so state) Plainfield, Ind
   Birthplace of mother (State or foreign country) USA

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Annette Duncan

New Address 3023 N. Auburn Rd.

Subscribed and sworn to before me this 22 day of Sept, 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

I Shirley C. Hunsaker has full custody of Annette Duncan as states in Cause no. 875-331

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed Shirley C. Hunsaker Mother

Subscribed and sworn to before me this ..... day 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 28 day of Sept, 1981, authorizing the joining together as husband and wife of Indiana dated the ..... and Annette Duncan

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, R.T. Idwell hereby certify that on the 3 day of Oct, 1981, at Ladoga, County of Marion, State of Ind, one thousand nine hundred and 81 ..... of Hendricks County, State of Ind, State of Indiana, Groom Timothy P. Horrigan of Hendricks County, State of Ind, and, Bride Annette Duncan of Hendricks HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ..... County.

Dated this 3 day of Oct, 1981. Signed R.T. Idwell

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 8 day of Oct, 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. 502

File

Sept. 24, 1981
Date of Application

MALE
Medical Examination Report Dated 9-18-81
Name of Physician Joseph Kirlin

FEMALE
Medical Examination Report Dated 9-18-81
Name of Physician Joseph Kirlin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Glen Last Kile

Date of Birth: Month June Day 6 Year 1960

Place of Birth (State or foreign country) Ind.

Residence Address 162 N. Indiana Street or R. R. 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 Alex Kile
   Residence of father (if deceased so state) Coatesville, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Sarah Vance
   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 David Kile
New Address P.O. Box 101 Amo, IN

Subscribed and sworn to before me this 24 day of Sept, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Sherry Middle Kim Last Fitzgibbons

Date of Birth: Month Mar Day 14 Year 1962

Place of Birth (State or foreign country) Texas

Residence Address Rt 3 Box 306 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Fitzgibbons
   Residence of father (if deceased so state) Scottsdale, Az.
   Birthplace of father (State or foreign country) Texas
9. Full maiden name of mother Matchie Morgan
   Residence of mother (if deceased so state) Danville, In.
   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 Sherry K. Fitzgibbons
New Address P.O. Box 101 Amo, In

Subscribed and sworn to before me this 24 day of Sept, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 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* 24th *day of* Sept, 19 81, *authorizing the joining together as husband and wife* David G. Kile *and* Sherry K. Fitzgibbons

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* Sept, *one thousand nine hundred and* 81 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* David G. Kile *of* Hendricks *County, State of* IN *and, Bride* Sherry Kim Fitzgibbons *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* Sept, 19 81.

Signed Stanley A. Johnson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* Sept, 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. 503

File

9-24-81 Date of Application

MALE
Medical Examination Report Dated 9-22-81
Name of Physician Michael L Nulf

FEMALE
Medical Examination Report Dated 9-22-81
Name of Physician Michael L Nulf

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Tony Middle Edward Last Allison

Date of Birth: Month 10 Day 29 Year 1955

Place of Birth (State or foreign country) Martinsville, Ind.

Residence Address: Street or R. R. 38 West Washington City St. Mooresville County In State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License w/ p.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Gerald Allison
   Residence of father (if deceased so state) Mooresville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Waneta Annis Smitherman
   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 Tony E. Allison

New Address 1013 KINGSWAY Dr. Danville

Subscribed and sworn to before me this 24 day of Sept, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Tamara Middle L Last Eubank

Date of Birth: Month 5 Day 16 Year 1958

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 11750 W. 10th St. City Indpls. County In State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License w/ p.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Edward Allen Eubank
   Residence of father (if deceased so state) Indianapolis, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Ann Osborne
   Residence of mother (if deceased so state) Naples Fla.
   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 Tamara Eubank

New Address 1013 Kingsway Dr. Danville

Subscribed and sworn to before me this 24 day of Sept, 19 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... 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 24th day of Sept, 19 81, authorizing the joining together as husband and wife Tony E. Allison and Tamara L Eubank

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Charles E Elston hereby certify that on the 26 day of Sept, one thousand nine hundred and 81 at Indpls., County of Marion, State of In, State of Indiana, Groom Tony E. Allison of Morgan County, State of In, and, Bride Tamara L Eubank 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 Sept., 19 81. Signed Charles Elston

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of Sept., 19 81

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

582

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 504

File

Sept 24, 1981
Date of Application

MALE
Medical Examination Report Dated 9-18-81
Name of Physician A. Thomas

FEMALE
Medical Examination Report Dated 9-18-81
Name of Physician A. Thomas

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Sammie Middle Edward Last Ridenour

Date of Birth: Month April Day 15 Year 1938

Place of Birth (State or foreign country): Crawford County Indiana

Residence Address: Street or R. R. 120 Williams 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 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.
   Keith Ridenour 15
   Patrick 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 Phillip Thomas Ridenour
   Residence of father (if deceased so state) Birdseye, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bertha Main
   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 Sammie Edward Ridenour

New Address 8095 E 725 N Brownsburg

Subscribed and sworn to before me this 24 day of Sept, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Sharon Middle Kay Last Dawalt

Date of Birth: Month July Day 28 Year 1943

Place of Birth (State or foreign country): Freedom, Ind. Owen Co.

Residence Address: Street or R. R. 8095 E 725 N 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 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.
   Matthew Dawalt 7
   Shannon 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 Wallace Wordell Walters
   Residence of father (if deceased so state) Freedom, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Alma Mary Hoot
   Residence of mother (if deceased so state) Freedom, 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 Kay Dawalt

New Address 8095 E 725 N Brownsburg

Subscribed and sworn to before me this 24 day of Sept, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 24 *day of* Sept, 19 81, *authorizing the joining together as husband and wife* Sammie E. Ridenour *and* Sharon K. Dawalt

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Henry Davis *hereby certify that on the* 3 *day of* Oct, *one thousand nine hundred and* 81 *at* Brownsburg, *State of Indiana, Groom* Sammie E. Ridenour *of* Hendricks *County, State of* Ind., *and, Bride* Sharon K. Dawalt *of* Hendricks *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 18 *day of* Oct, 19 81.

Signed Henry Davis

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* Oct, 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. 505

File Sept. 25, 1981
Date of Application

MALE
Medical Examination Report Dated 9-18-81
Name of Physician John F. Moe

FEMALE
Medical Examination Report Dated 9-18-81
Name of Physician John F. 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 Thomas Middle J. Last Pieczko

Date of Birth: Month Nov. Day 16 Year 1944

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 3 Box 36 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) 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 Walter Pieczko
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Josephine Misniec
   Residence of mother (if deceased so state) Indpls. In.
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Thomas J Pieczko
New Address RR 3 Box 36 Danville, Ind.

Subscribed and sworn to before me this 25 day of Sept, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 M. Last Pieczko

Date of Birth: Month May Day 6 Year 1950

Place of Birth (State or foreign country) Ind

Residence Address: Street or R. R. Rt 3 Box 36 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) 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 Baston
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Virginia Rose
   Residence of mother (if deceased so state) Westfield Ill.
   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 Anna Marie Pieczko
New Address RR3 Box 36 Danville, Ind.

Subscribed and sworn to before me this 25 day of Sept, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 29 day of Sept, 1981, authorizing the joining together as husband and wife Thomas J. Pieczko and Anna M. Pieczko

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer hereby certify that on the 3 day of Oct, at Danville, County of Hendricks, State of Ind. one thousand nine hundred and 81 were by 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. State of Indiana, Groom Thomas J. Pieczko of Hendricks and, Bride Anna M. Pieczko of Hendricks

Dated this 3 day of Oct, 19 81.

Signed John C Mowrer
Official Designation Judge Sup Ct

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of Oct, 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. 504

File

9-25-81
Date of Application

MALE
Medical Examination Report Dated 9-16-81
Name of Physician Hirschstein

FEMALE
Medical Examination Report Dated 9-16-81
Name of Physician Hirschstein

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 W. Last Thompson

Date of Birth: Month 4 Day 1 Year 61

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 3220 Clover Dr. City Indpls. County , 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 Manford E. Thompson
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Bonnie E. McClain
   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 Jack W. Thompson
New Address 6035 LAKEVIEW DR APT A INDPLS IN 46224

Subscribed and sworn to before me this 25 day of Sept, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 R. Last Eggleton

Date of Birth: Month 7 Day 21 Year 62

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 3226 Clover Dr. City Indpls. County , 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 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 David R. Eggleton
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) W. Virginia
9. Full maiden name of mother Patricia L. Bird
   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 Sheila R. Eggleton
New Address 6035 LAKEVIEW DR APT A INDPLS IN 46224

Subscribed and sworn to before me this 25 day of Sept, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... 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 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* 25 *day of* Sept, 19 81, *authorizing the joining together as husband and wife* Jack Thompson *and* Sheila R. Eggleton

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Robert Mitchum *hereby certify that on the* 26 *day of* Sept *one thousand nine hundred and* 81 *at* Indpls., *County of* Marion, *State of Indiana, Groom* Jack W. Thompson *of* Hendricks *County, State of* IN *and, Bride* Sheila R. Eggleton *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~~ 26 *day of* ~~Jan.~~ Sept, 19 ~~82~~ 81.

Signed Robert Mitchum
Official Designation Reverend

Filed and recorded in accordance with the laws of the State of Indiana this 25 *day of* Jan., 19 82.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
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

Sept 25, 1981
Date of Application

MALE
Medical Examination Report Dated 9-14-81
Name of Physician J. Black

FEMALE
Medical Examination Report Dated 9-14-81
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 David Middle J. Last Bedford

Date of Birth: Month April Day 13 Year 1934

Place of Birth (State or foreign country) Vincennes, Indiana

Residence Address: Street or R. R. RR#1 Box 72 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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Bedford
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mildred Reel
   Residence of mother (if deceased so state) Bicknell, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David L Bedford

New Address Same

Subscribed and sworn to before me this 25 day of Sept, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First June Middle M. Last Nowak

Date of Birth: Month December Day 30 Year 1933

Place of Birth (State or foreign country) Buffalo, New York

Residence Address: Street or R. R. 526 Maple Ln 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.
   Jeffrey James Nowak 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 Otto Harold Kern
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Canada
9. Full maiden name of mother Alabama Beryl Duke
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) N.C.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed June M. Nowak

New Address 526 Maple Lane - Brownsburg

Subscribed and sworn to before me this 25 day of Sept, 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 in ..... HENDRICKS ..... County ..... Court by written order issued ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... on the 2 day of Oct, 19 81, authorizing the joining together as husband and wife of Indiana dated the ..... day of ..... and ..... David L Bedford ..... June M. Nowak .....

Be it further remembered, the following marriage certificate was filed in my office, to-wit: hereby certify that on the 10 day of Oct, I, Denny A. Thrasher at Pitts, County of Hendricks, one thousand nine hundred and 81 at Pitts, County of Hendricks, State of Indiana, State of Indiana, Groom David L Bedford of Hendricks County, State of Indiana, and, Bride June M. Nowak of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2 day of Oct, 19 81. Signed Denny A. Thrasher

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of Oct, 19 81

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

586

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 508

File

9-25-81
Date of Application

MALE
Medical Examination Report Dated 9-22-81

Name of Physician Wagner

FEMALE
Medical Examination Report Dated 9-22-81

Name of Physician Wagner

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First William Middle L. Last Smith

Date of Birth: Month 8 Day 1 Year 1943

Place of Birth (State or foreign country) Jamestown, Tennessee

Residence Address: Street or R. R. 1841 Sharon 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) 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.
   William LeAndrew Cecil Smith
   Joseph Alexander Smith
   Jonathon Casey 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 Robt. L. Smith
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Beaulah Elizabeth Stilts
   Residence of mother (if deceased so state) Deceased
   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 William L. Smith

New Address 612 Harlan St. Plainfield In.

Subscribed and sworn to before me this 25 day of Sept, 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 Cheryl Middle A. Last Clayton

Date of Birth: Month 11 Day 28 Year 1948

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: Street or R. R. 612 Harlan St Plfd. 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.
   Patricia Lynn Clayton
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 K. Holmes
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) New York
9. Full maiden name of mother Myra K. Kohles
   Residence of mother (if deceased so state) Plfd 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 A. Clayton

New Address 612 Harlan St

Subscribed and sworn to before me this 25 day of Sept, 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* Sept, 19 81, *authorizing the joining together as husband and wife* William L. Smith *and* Cheryl A. Clayton

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, James D Clayton *hereby certify that on the* 3 *day of* Oct, *one thousand nine hundred and* 51 *at* Indpls, *County of* Marion, *State of Indiana, Groom* William L. Smith *of* Marion *County, State of* IN *and, Bride* Cheryl A 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 3 *day of* Oct., 19 51

Signed James D. Clayton

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 5 *day of* Oct., 19 51

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 509
File 42
9-25-91
Date of Application

MALE
Medical Examination Report Dated 9-9-81
Name of Physician Hiett

FEMALE
Medical Examination Report Dated 9-9-81
Name of Physician Hiett

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 [illegible] Last Reed

Date of Birth: Month 5 Day 19 Year 61

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 526 Lindenhill Apt. B. 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 E. Reed
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Beulah Conn
   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 Robert L Reed
New Address 526 Linden Hill-APT B
Subscribed and sworn to before me this 25 day of Sept, 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Vickie Middle [illegible] Last Phillips

Date of Birth: Month 10 Day 13 Year 63

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 11750 W. 10th 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harry D. Phillips
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Joyce A. Hooper
   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 Vickie Phillips
New Address 526 Linden Hill apt B
Subscribed and sworn to before me this 25 day of Sept, 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only 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 Joyce A. Eubank Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed
HENDRICKS County ..... Court by written order issued .....
in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 1 day of October, 19 81, authorizing the joining together as husband and wife Robert Reed and Vickie Phillips

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, William Fisher hereby certify that on the 16 day of Oct, one thousand nine hundred and 81 at Indpls, County of Marion, State of Ind, State of Indiana, Groom Robert Reed of Marion County, State of Ind, and, Bride Vickie Phillips 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 16 day of Oct, 19 81

Signed William Fisher
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of Oct, 19 81

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

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Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 510

File

9-25-81
Date of Application

MALE
Medical Examination Report Dated 9-24-81
Name of Physician Garnet R. Harris

FEMALE
Medical Examination Report Dated 9-24-81
Name of Physician Garnet R. Harris

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Duane Middle Dale Last Craig

Date of Birth: Month 3 Day 23 Year 1960

Place of Birth (State or foreign country) Indpls., Indiana

Residence Address: Street or R. R. 9733 Harmony Dr., City Indpls. County State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. E. Craig
   Residence of father (if deceased so state) Indpls., Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Radonna R. Eggers
   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 Duane Dale Craig
New Address 9880 W. 10th St. Lot 24-1

Subscribed and sworn to before me this 25 day of Sept, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this ~~25~~ day of ~~Sept~~, 19~~81~~.

.....Clerk

FEMALE APPLICANT

Name: First Tamara Middle Lynn Last Mills

Date of Birth: Month 3 Day 4 Year 1963

Place of Birth (State or foreign country) Indpls. Indiana

Residence Address: Street or R. R. 39 Normondy 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Franklin Mills
   Residence of father (if deceased so state) Danville, Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Judith Ann Hubbard
   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 Tamara Lynn Mills
New Address 9880 W. 10th St. Lot 24-1

Subscribed and sworn to before me this 25 day of Sept, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this ~~25~~ day of Sept, 19~~81~~.

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 2nd day of October, 19 81, authorizing the joining together as husband and wife DUANE DALE CRAIG and TAMARA LYNN MILLS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY LILLY hereby certify that on the 3 day of OCT one thousand nine hundred and 81 at AVON, County of HENDRICKS, State of Indiana, Groom DUANE DALE CRAIG of HENDRICKS County, State of IN and, Bride TAMARA LYNN MILLS 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 OCT. , 19 81.

Signed LARRY LILLY
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of OCT. , 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. 511
File 42
9-25-81
Date of Application

MALE
Medical Examination Report Dated 9-14-81
Name of Physician Blair

FEMALE
Medical Examination Report Dated 9-14-81
Name of Physician Blair

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 [illegible] Last Warner

Date of Birth: Month 10 Day 23 Year 60

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 5245 E. 450 N. 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 L. Warner
   Residence of father (if deceased so state) Brownsburg Ind.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Myrna M. Adams
   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 Timothy Jay Warner

New Address

Subscribed and sworn to before me this 25 day of Sept, 19 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Lee Middle Ann Last Warner

Date of Birth: Month 1 Day 5 Year 62

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 102 Dianna Dr. 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 N. Warner
   Residence of father (if deceased so state) Brownsburg Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Sharon K. Cook
   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 Lee Ann Garner

New Address 102 Dianna Dr Brownsburg

Subscribed and sworn to before me this 25 day of Sept, 19 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Sept, 19 81, authorizing the joining together as husband and wife Timothy Warner and Lee Ann Warner

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, George Davis hereby certify that on the 3 day of Oct, 19 81 at Brownsburg, County of Hendricks, State of Ind, one thousand nine hundred and 81

State of Indiana, Groom Timothy Warner of Hendricks County, State of Ind,

and, Bride Lee Ann Warner of Hendricks County, State of Ind,

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 18 day of Oct., 19 81 Signed George Davis

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of Oct, 19 81

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

590

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 512

File

Sept 24, 1981
Date of Application

MALE
Medical Examination Report Dated 9-19-81

Name of Physician P. Foster

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: James Middle: Edward Last: Garcia

Date of Birth — Month: March Day: 3 Year: 1959

Place of Birth (State or foreign country): Chicago, Ill

Residence Address — Street or R. R.: P.O. Box 127 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) I V 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.
   Jude Garcia I
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Humberto Garcia
   Residence of father (if deceased so state) Laredo, Tx
   Birthplace of father (State or foreign country) Mexico
9. Full maiden name of mother Omeila Moron
   Residence of mother (if deceased so state) New Orleans, La
   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 James Garcia

New Address 104 Ramar Warsaw Ind.

Subscribed and sworn to before me this 24 day of Sept, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name — First Middle Last

Date of Birth — Month Day Year

Place of Birth (State or foreign country)

Residence Address — Street or R. R. City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you n
   If answer
2. Are you af
3. Are you re
4. Are you no
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6. List the full

7. Are you req
   dependent c
   If answer
   compliar
8. Full nar
   Residen
   Birthpla
9. Full maic
   Residence
   Birthplace
   State of Indi
   County of.....

Subscribed and

CONSENT OF

We, the parent
signs, state fact

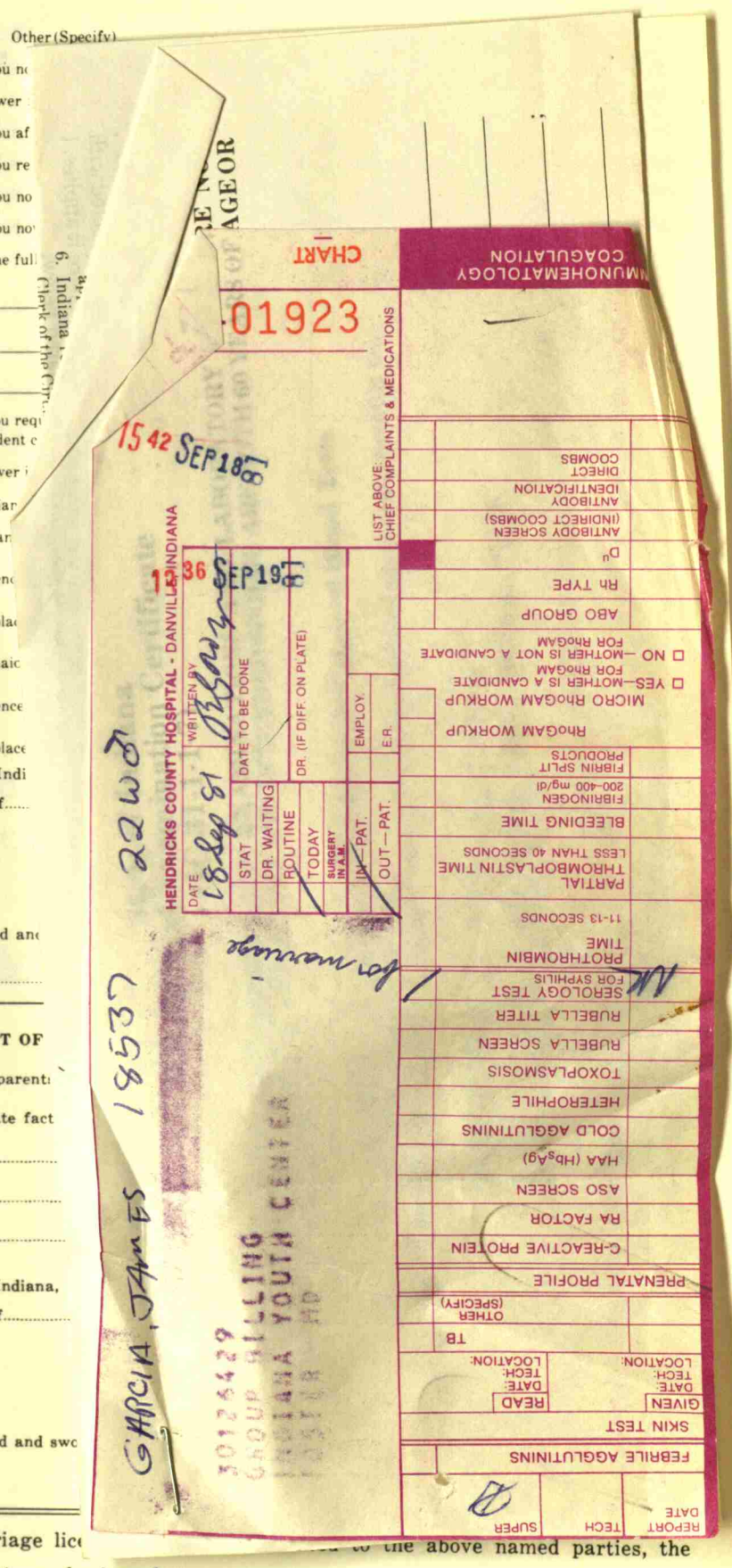
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State of Indiana,
County of.....

Subscribed and swo



COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage lic... to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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. 31-1-13-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 513

File

Sept 25 1981 Date of Application

MALE
Medical Examination Report Dated 9-16-81
Name of Physician Stuart J. Burns

FEMALE
Medical Examination Report Dated 9-16-81
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 Mark Middle E. Last Pierson

Date of Birth: Month Jan. Day 21 Year 1957

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 12 Round Hill Rd. 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 female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Pierson
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sandra Kay Williams
   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 Mark E. Pierson

New Address Danville, Ind

Subscribed and sworn to before me this 25 day of Sept. 19 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First June Middle E. Last Merritt

Date of Birth: Month May Day 7 Year 1962

Place of Birth (State or foreign country) Beech Grove, In.

Residence Address: Street or R. R. 602 W. Main St. City Danville, County, State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 L. Merritt Jr.
   Residence of father (if deceased so state) Mooresville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara K. Gregory
   Residence of mother (if deceased so state) Indpls In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed June E. Merritt

New Address Danville, Indiana

Subscribed and sworn to before me this 25 day of Sept. 19 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed
HENDRICKS County ..... Court by written order issued .....
in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ....., 19 81, authorizing the joining together as husband and wife of Indiana dated the 1st day of Oct and June E. Merritt
Mark E. Pierson
Be it further remembered, the following marriage certificate was filed in my office, to-wit: and
I, Stanley A. Johnson hereby certify that on the 10 day of Oct, one thousand nine hundred and 81 at Danville County of Hendricks, State of Ind
State of Indiana, Groom Mark E. Pierson of Monrovia County, State of Ind
and, Bride June E. Merritt 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 10 day of Oct, 19 81. Signed Stanley A. Johnson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of Oct, 19 81
Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

514

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-9-2
Effective July 1, 1975

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 73

File

Sept 28 1981
Date of Application

MALE
Medical Examination Report Dated 9-18-81
Name of Physician M Scanlon

FEMALE
Medical Examination Report Dated 9-18-81
Name of Physician M Scanlon

ALL QUESTIONS MUST BE ANSWERED I.C. 35-1-54-6 prescribed "False statement – Whoever executes the issuance of a license to marry to any false statement, representation or privation shall be fined in any sum not exceeding five hundred dollars ($500.00)"

MALE APPLICANT

Name: First Claude Middle Wayne Last Ludlow

Date of Birth: Month June Day 23 Year 1952

Place of Birth (State or foreign country) Indianapolis In

Residence Address: Street or R. R. No. RR 1 Box 419 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 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 communicable disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Wayne Ludlow
   Residence of father (if deceased so state) Indianapolis In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lois Bell Gooden
   Residence of mother (if deceased so state) Morgan 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 Richard C Ludlow
Now Address PO 437 Bburg Ind

Subscribed and sworn to before me this 28 day of Sept, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 Faye Last Roby

Date of Birth: Month July Day 5 Year 1954

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: Street or R. R. No. PO Box 437 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 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 communicable disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Leroy Roby
   Residence of father (if deceased so state) Indianapolis In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Jane Leyton
   Residence of mother (if deceased so state) Tiffin, Ohio
   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 Teresa L Roby
Now Address P.O. Box 437 Brownsburg Ind

Subscribed and sworn to before me this 28 day of Sept, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 October, 19 81, authorizing the joining together as husband and wife RICHARD CARTER LUDLOW and TERESE FAYE ROBY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DENNIS R. FULTON hereby certify that on the 3 day of OCT. one thousand nine hundred and 81 at INDPLS., County of MARION State of Indiana, Groom RICHARD CARTER LUDLOW of HENDRICKS County, State of IN and, Bride TERESE FAYE ROBY 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 OCT., 19 81

Signed DENNIS R. FULTON
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of OCT., 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. 515
File 42
9-29-81
Date of Application

MALE
Medical Examination Report Dated 9-21-81
Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated 9-21-81
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 William Middle [illegible] Last Tatum

Date of Birth: Month 9 Day 25 10 Year - 46

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1419 Pierce Dr. City Plfd. County [illegible] State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 C. Tatum
   Tammy M. Tatum
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Duane Tatum
   Residence of father (if deceased so state) Wisconsin
   Birthplace of father (State or foreign country) Nebraska
9. Full maiden name of mother Charlotte R. Hess
   Residence of mother (if deceased so state) Fairland, Ind.
   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 X William M. Tatum
New Address 1419 Pierce Dr. Plainfield Ind 46168
Subscribed and sworn to before me this 29 day of Sept., 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Ida Middle Jane Last Heatley

Date of Birth: Month 9 Day 26 Year 50

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1419 Pierce Dr. City Plfd. County [illegible] State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Dista Heatley
   Jessica Heatley
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Hewitt
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Marjorie J. Arnold
   Residence of mother (if deceased so state) Hagerstown 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 Ida J. Heatley
New Address 1419 Pierce Dr Plainfield Ind.
Subscribed and sworn to before me this 29 day of Sept., 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Oct., 19 81, authorizing the joining together as husband and wife William M. Tatum and Ida J. Heatley

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John F. Crose hereby certify that on the 16 day of Oct. one thousand nine hundred and 81 at Danville, County of Hendricks, State of Ind. State of Indiana, Groom William M. Tatum of Hendricks County, State of Ind. and, Bride Ida J. Heatley 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 Oct., 19 81

Signed John F. Crose
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of Oct., 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. 516

File

Sept 29 1981
Date of Application

MALE
Medical Examination Report Dated 9-21-81
Name of Physician Stuart Burns

FEMALE
Medical Examination Report Dated 9-15-81
Name of Physician Margaret Beary 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 P Last Dafurth

Date of Birth: Month 1 Day 25 Year 1946

Place of Birth (State or foreign country) Rochester Ind.

Residence Address: Street or R. R. 9260 E 300 N City Burg County Hend State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Alvin Dafurth
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) New Jersey
9. Full maiden name of mother Lois Pearl Blosser
   Residence of mother (if deceased so state) Logansport Ind.
   Birthplace of mother (State or foreign country) Rochester Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kenneth P. Dafurth
New Address 9620 E. 300 N. Brownsburg, In 46112

Subscribed and sworn to before me this 29 day of Sept, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of 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 Last Moynihan

Date of Birth: Month 11 Day 11 Year 1952

Place of Birth (State or foreign country) Columbus Ohio

Residence Address: Street or R. R. 9260 E. 300 N. 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 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 John Moynihan
   Residence of father (if deceased so state) Dearborn Michigan
   Birthplace of father (State or foreign country) New Jersey
9. Full maiden name of mother Barbara Ronan
   Residence of mother (if deceased so state) Dearborn Michigan
   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 Susan Moynihan
New Address 9260 E. 300 N. Brownsburg IN.

Subscribed and sworn to before me this 29 day of Sept, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 6th *day of* Oct, 19 81, *authorizing the joining together as husband and wife* Kenneth P. Dafurth *and* Susan Moynihan

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John Boyer *hereby certify that on the* 10 *day of* Oct., *one thousand nine hundred and* 81 *at* Eagle Creek Park, *County of* Marion, *State of Indiana, Groom* Kenneth P. Dafurth *of* Hendricks *County, State of* Ind. *and, Bride* Susan Moynihan *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 10 *day of* Oct., 19 81.

Signed John Boyer

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13 *day of* Oct, 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. 517

File 9-29-81 Date of Application

MALE
Medical Examination Report Dated 9-25-81
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 9-25-81
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 Keith Middle Jeffery Last Huntington

Date of Birth: Month 1 Day 25 Year 1963

Place of Birth (State or foreign country) Shelbyville, Ind.

Residence Address: Street or R. R. RR 6 Bx 105, 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Tipton Huntington
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Judith Ann Cleary
   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 ~Keith Jeffery Huntington~

New Address P.O. Box 245, Danville, IN 46122

Subscribed and sworn to before me this 29 day of Sept., 19 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 Parker

Date of Birth: Month NOV Day 4 Year 1963

Place of Birth (State or foreign country) Indpls., Ind.

Residence Address: Street or R. R. 5301 Glen Stewart Way, 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 Thomas Robert Parker
   Residence of father (if deceased so state) Indpls., Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Janet Kay Otter
   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 Donna Kay Parker

New Address 5301 Glen Stewart Way

Subscribed and sworn to before me this 1 day of Oct, 19 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Thomas Parker Father

Signed Janet Parker Mother

Subscribed and sworn to before me this 1 day of Oct 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 ..... and filed in ..... HENDRICKS ..... County ..... Court by written order issued ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Oct, 1981, authorizing the joining together as husband and wife KEITH JEFFERY HUNTINGTON and DONNA KAY PARKER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, STEPHEN RICHARDS hereby certify that on the 3 day of OCT., one thousand nine hundred and 81 at STILESVILLE, County of HENDRICKS, State of Indiana, Groom KEITH J. HUNTINGTON of HENDRICKS County, State of IN and, Bride DONNA K. PARKER 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 3 day of OCT., 19 81 Signed STEPHEN RICHARDS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of OCT., 19 81

Signed MARY JANE RUSSELL Clerk

HENDRICKS Circuit Court

596

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 518
File 42
9-29-81
Date of Application

MALE
Medical Examination Report Dated 9-23-81
Name of Physician D. R. Decatur

FEMALE
Medical Examination Report Dated 9-23-81
Name of Physician D. R. Decatur

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ken Middle [illegible] Last Comey

Date of Birth: Month 4 Day 16 Year 57

Place of Birth (State or foreign country) Reed Grove Ind.

Residence Address: Street or R. R. 141 Brookside Dr. City [illegible] 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.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 S. Comey
   Residence of father (if deceased so state) Haverwood Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Doris L. Anderson
   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 Ken Comey
New Address 141 Brookside Dr.

Subscribed and sworn to before me this 29 day of Sept., 19 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of ..... } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Tina Middle [illegible] Last Wright

Date of Birth: Month 4 Day 25 Year 61

Place of Birth (State or foreign country) Yakima Washington

Residence Address: Street or R. R. RT 1 Box 1633 City Plfd. County [illegible] State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald A. Wright
   Residence of father (if deceased so state) Plfd., Ind.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Judy Y. Hinder
   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 Tina Wright
New Address 141 Brookside Dr.

Subscribed and sworn to before me this 29 day of Sept., 19 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of ..... } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 3 *day of* Oct, 19 81, *authorizing the joining together as husband and wife* Kenneth L. Comey *and* Tina M. Wright.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Dewey A. Thaxton *hereby certify that on the* 3 *day of* Oct., *one thousand nine hundred and* 81 *at* Plfd, *County of* Hendricks, *State of Indiana, Groom* Kenneth L. Comey *of* Anderson *County, State of* Ind *and, Bride* Tina M. Wright *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 3 *day of* Oct, 19 81.

Signed Dewey A. Thaxton
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* Oct., 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. 519
File 42
9-30-81 Date of Application

MALE
Medical Examination Report Dated 9-28-81
Name of Physician D. M. Hadley

FEMALE
Medical Examination Report Dated 9-28-81
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 Donnie Middle J. Last Powell
Date of Birth: Month 7 Day 7 Year 57
Place of Birth (State or foreign country) Ky.
Residence Address: Street or R. R. Rt 1 Box 100 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 L. Powell
   Residence of father (if deceased so state) Clayton Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Martha A. Hopper
   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 Donnie J. Powell
New Address 6748 Caribe Trs.

Subscribed and sworn to before me this 30 day of Sept., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of 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 Last Ross
Date of Birth: Month 11 Day 25 Year 60
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. Rt 2 Box 121 B. City Franklin 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 Thomas D. Ross
   Residence of father (if deceased so state) Spencer Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Rita Dawes to Defy
   Residence of mother (if deceased so state) Franklin 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 Stephanie Ross
New Address 6748 Caribe Dr

Subscribed and sworn to before me this 30 day of Sept., 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Oct., 19 81, authorizing the joining together as husband and wife Donnie J. Powell and Stephanie Ross

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jewel E. Reeves hereby certify that on the 17 day of Oct., at Ballville, County of Hendricks, one thousand nine hundred and 81 Donnie J. Powell of Hendricks County, State of Indiana, State of Indiana, Groom, and, Bride Stephanie Ross 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 Oct, 19 81. Signed Jewel E Reeves
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of Oct, 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. 520

File

9-30-81
Date of Application

MALE
Medical Examination Report Dated 9-26-81
Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated 9-26-81
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 Michael Middle James Last Quinn

Date of Birth: Month 9 Day 15 Year 1961

Place of Birth (State or foreign country) Anaheim Ind.

Residence Address: Street or R. R. RR 1 Box 199 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 James Wesley Quinn
   Residence of father (if deceased so state) Carterburg Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marjorie Fairne Jackson
   Residence of mother (if deceased so state) Carterburg Ind.
   Birthplace of mother (State or foreign country) Scotland.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Mike Quinn
New Address RR 1 Box 199 Clayton Ind
Subscribed and sworn to before me this 30 day of Sept, 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Sherie Middle Ann Last Cornelius

Date of Birth: Month 5 Day 18 Year 1961

Place of Birth (State or foreign country) Bellaville Ind

Residence Address: Street or R. R. RR 1 Box 225 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 Thomas Burgan Cornelius
   Residence of father (if deceased so state) Bellville Ind.
   Birthplace of father (State or foreign country) Alabama
9. Full maiden name of mother Mary Joan Harris
   Residence of mother (if deceased so state) Bellville Ind.
   Birthplace of mother (State or foreign country) Alabama

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Sherie Cornelius
New Address R.R. #1 Box 199 Clayton, In
Subscribed and sworn to before me this 30 day of Sept, 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Oct., 19 81, *authorizing the joining together as husband and wife* Michael J. Quinn *and* Sherie A. Cornelius

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Doris D. Haas *hereby certify that on the* 10 *day of* Oct., *one thousand nine hundred and* 81 *at* Clayton, *County of* Hendricks, *State of Indiana, Groom* Michael J. Quinn *of* Hendricks *County, State of* Ind. *and, Bride* Sherie A. Cornelius *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 10 *day of* Oct., 19 81.

Signed Doris D. Haas

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 15 *day of* Oct., 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. 521

File

9-10-1-81 Date of Application

MALE
Medical Examination Report Dated 9-21-81
Name of Physician James Black

FEMALE
Medical Examination Report Dated 9-21-81
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 Loren Middle Brad Last Riddle

Date of Birth: Month 9 Day 16 Year 1960

Place of Birth (State or foreign country) Lebanon Ind.

Residence Address: Street or R. R. RR5 Box 168 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 Loren Junior Riddle
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Hazel Helen 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 Loren Brad Riddle
New Address RR 5 Box 168 Dan, Ind

Subscribed and sworn to before me this 1 day of Oct 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of ..... } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Tamala Middle Rose Last Garnett

Date of Birth: Month 4 Day 16 Year 1965

Place of Birth (State or foreign country) Oakland Co. Michigan

Residence Address: Street or R. R. RR1 Box 128 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 Richard Harry Garnett
   Residence of father (if deceased so state) Pittsboro Ind.
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Margaret Joanne Compton
   Residence of mother (if deceased so state) Pittsboro, Ind.
   Birthplace of mother (State or foreign country) Michigan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Tamala Rose Garnett
New Address RR5 Box 168 Danville, Ind.

Subscribed and sworn to before me this 1 day of Oct 19 81
Mary Jane Russell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. 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 Garnett Sr. Father
Signed Margret Garnett Mother
Subscribed and sworn to before me this 1 day of Oct 19 81
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 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 1 day of Oct. 19 81, authorizing the joining together as husband and wife Loren B. Riddle and Tamala R. Garnett

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Raymond L. Rader hereby certify that on the 10 day of Oct. one thousand nine hundred and 81 at Lizton, County of Hend, State of Ind

State of Indiana, Groom Loren B. Riddle of Hend County, State of Ind

and, Bride Tamala Rose Garnett of Hend County, State of Ind

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 10 day of Oct. 19 81. Signed Raymond Rader

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of Oct 19 81

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

600

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 522

File

Oct 1, 1981
Date of Application

MALE
Medical Examination Report Dated 9-28-81
Name of Physician J. Black

FEMALE
Medical Examination Report Dated 9-28-81
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 Daryl Middle King Last Solomon
Date of Birth: Month Jan Day 18 Year 1954
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 320 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 w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Descol Solomon
   Residence of father (if deceased so state) Brownsburg, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lorna Dee Ellis
   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 Daryl King Solomon
New Address 320 N Jefferson #3 Brownsburg

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 Donna Middle Marie Last Ferguson
Date of Birth: Month Jan Day 7 Year 1957
Place of Birth (State or foreign country) New Albony Georgia
Residence Address: Street or R. R. 8655 N. 1050 E 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 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.
   Matthew Ferguson 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 William Lowell Miller
   Residence of father (if deceased so state) Brownsburg, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helena Shipley
   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 Lorna M. Ferguson
New Address 330 N. Jefferson St. 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* October, 19 81, *authorizing the joining together as husband and wife* Daryl King Solomon *and* Donna Marie Ferguson

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* 10th *day of* October, *one thousand nine hundred and* 81 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Daryl King Solomon *of* Hendricks *County, State of* INDIANA *and, Bride* Donna Marie Ferguson *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 6th *day of* October, 19 81

Signed Rev. Dennis L. Dodson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 *day of* Oct., 19 81

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*