Adkins, Debra Lynn	17	MR 43		
Arndt, Sheldon	30	Oct 81		
Aguirre, Kenneth R.	90	Sept 82		
Anderson, Samuel H.	109			
Andry, Randolf Hermon	110			
Alarn, Dennis James	226			
Alexander John D	232			
Alexander, Licia	253			
Albertson, Anna Lee	285			
Alexander, Terri L.	298			
Adams, Thomas Wayne	310			
Atkinson, Carolyn L.	320			
Allen, Floyd H.	323			
Albertson, Lisa A.	376			
Armstrong, Cynthia	391			
Allen, Stephen Wayne	441			
Allee, Cheryl R.	495			
Anderson, Barbara	497			
Ashbrook, Delores M.	503			
Adamson, Caroline	541			
Acres, Cheryl Sue	550			
Adams, Thomas Keith	551			
Althoff, Mark A.	581			
Andrews, Kevin L.	599			

Bone, Rhonda Rae	13	Ballard Mary Sue Spears	203
Bond, Sherry	20	Brandenburg, Susan	211
Buffington, Stephen R.	25	Bridges, Patricia L.	217
Breneman, Robert	28	Baltzegar, Deborah L.	218
Bingham, Gayle J.	32	Brooks, Russell C	221
Bowne, William H. Jr.	33	Bunten, Gary Douglas	227
Birge, Michael J.	34	Ballinger, Sharlin R.	235
Bevins, Larry R.	53	Bryant, Violetta	250
Brookshear, Murry A	56	Bloomer, Carol Ann	252
Baker, Ronald H.	62	Beninghaus, Kathleen Bea	256
Bryant, David Alan	65	Bollman, David E.	260
Burkhardt, Raymond S.	66	Brunner, Gregory A.	263
Bailey, Julie A.	66	Beaver, Foster E.	270
Bosell, Susan Elaine	71	Baumer, Bryan E.	275
Buckholtz, Randell J.	72	Bennett, Brian	283
Brown, Albert T. J.	75	Birge, Jack W.	302
Butler Catherine	76	Barron, Mary L.	304
Berlin, Shelley J.	78	Bartley, Lisa L.	308
Brown, Carl J.	82	Boesche, Michael F. }	311
Bostin, Deborah Gail	92	Boesche, Cynthia L }	311
Buckheister James R. Jr.	95	Brumes, Andrea Sue	313
Brumley, Deborah Lynn	100	Belcher, Timothy A.	328
Butcher, Donna J.	101	Beason, Joseph A.	333
Bray, Michael Ann	110	Billiard, Nancy	335
Burkert, Christine A.	113	Buserbark, Machele S.	337
Broyles, Robin Ann	123	Biegler, Vicki	339
Baldwin, Jean Edward	127	Brown, Phillip Gene	341
Burnette, Louise	127	Buchanan, Jeffrey S.	343
Bell, Roger	135	Bradley James E.	
Badorek, Stephen Robert	137	Brindle, Nelson Blake	351
Baril, Pamela J.	139	Biddle II James Franklin	354
Burkert, Donald Lee, Jr	141	Brown Cynthia L.	356
Barter, Diana Lynn	148	Budd, Kelly L	361
Brexey Susan A	152	Burrin Douglas	377
Bork, Saloyna Lynn	161	Beard, Bobbie J.	382
Burdine, Donald Clifton	169	Byrd, Charity L.	384
Bradford, Donna A.	178	Boffo, Sheryll A.	385
Bradley, Howard	186	Brown, Dennis Lee	398
Beavers, Richard	188	Bristow, Michelle A.	399
Beck, Betty Jo	190	Bailey, Thomas Lee	401
Brancheau, Dennis K	201	Buist Alma	402
Butler, Dwayne K,	202	Bartley, Mary	403

Bradley, Dennis	407	Brown, David W	585
Brock, Vickie E.	414	Brown, Linda S.	586
Becker, Kenneth L.	418	Burnett Eva	587
Brush Jane E.	420	Berlin, Danny	593
Baughman, Benjamin R	423	Bartlett, James	597
Bdecker, Richard E.	426	~~Benjamin, David~~	
Boesch, Charles Edward	429		28
Bowling, Treasa Renee	438		
Blake, Allen	454		
Bivars, Jerry	454		
Brown, Gregory A	456		
Boyd Marshal	457		
Beach, Brian C.	458		
Brooks, Charles	463		
Burge, Lora Lee	465		
Bailey, Michael D.	468		
Banziger, Deborah A.	469		
Burdine, Robt.	474		
Bartley, Nancy	474		
Basford, Larry Paul	476		
Bohn, Patrick Charles	480		
Brown, Jeffery Lee	482		
Black, Lloyd James	485		
Bryant, David P.	501		
Brower, Brenda D.	507		
Boner, Sheri L.	521		
Bennett, Rebecca S.	524		
Brummitt Christine M.	526		
Bright, Elizabeth A.	537		
Bartley James T.	541		
Brill, Edward A.	542		
Braun, Susan	544		
Bryant, Linda	556		
Barnett, James	563		
Byrdwell, Tammy L.	562		
Batton Dena E.	565		
Bartos, Cathrine Bernice	572		
Burnell, Joe C.	580		
Badanik, Sally A.	581		
Barnhart, Donna Sue	584		

Carson, Larry D.	2	Comegys, Paul E	301
Clemmer, Michael	3	Cox Diana L	307
Cook, Glenn H.	27	Cobain, Nancy K	312
Columna, Philip	23	Cooprider, Melissa Marie	314
Chandler, Walter C. Jr.	52	Cocco George E.	321
Cantrell, Pamela K	54	Carson, Patricia Ann	330
Craig, Deborah Ann	59	Crockett, Lee Ann	332
Campbell, Deborah K.	64	Clevenger, Delbert Kent	337
Cassell, Carl	67	Cooper, Deborah	338
Chance, Carl C	68	Cooper, Marvin Wayne	340
Cummings, Jenny Lou	75	Campbell, Teresa Lee	340
Corrigan, Hughie T.	80	Cline, Richard Wm. III	348
Clayton, Roy C.	84	Cavanaugh, Linda Kay	354
Conning, Stephen	112	Corbitt, Michael	379
Cowalt, David C.	115	Cramer, Kenneth R.	386
Clark, Dale D.	119	Cameron, Joseph K.	390
Crist, Richard	126	Cassity, William C.	391
Crane, Mary F.	145	Creech, Betty J.	394
Childers, Peggy Louise	147	Collins, Richard L	395
Clingerman, Linda	153	Catt, Ronald B	400
Custer, Joseph	156	Christy, Phyllis	404
Cranfill, Scott A.	179	Church, David James	417
Curts, Catherine	165	Collins, Christie L.	426
Christian Patricia L. Adams	185	Cave, Patricia	427
Clark Linda K	196	Chamber, Thomas D.	435
Cox, Mary A.	199	Couch, Dina L.	435
Cullivan, Tom W.	203	Christian, Alan	436
Clauss, Joseph L.	207	Callahan, Kaye A.	442
Crawley, Pauline C.	222	Craig, Debra K.	443
Coffey, Mark Anthony	229	Carter, Daniel Edward	434
Clark, Stephen Bruce	243	Compton, Robert M.	470
Coyle Donald G.	249	Clark, Karen L.	470
Catt, Thomas J.	251	Crist, Gerry A.	483
Cuetkovich, Stanley	252	Crawford, Kimberly Sue	291
Cutler, Tamara L	269	Cochran, Diane R.	489
Charles, Lisa J.	275	Cornelius, Jeffrey	498
Coffey, Herman	276	Cornwell, Rhianna Jo	508
Cox, Jeffrey Wayne	277	Criswell, Charles	508
Crawford, Jani Michele	282	Chilewski, Mark Stuart	509
Coomer, Bill	286	Clements, Neil J.	525
Courtney, Vicki L	290	Cody, Sara L.	543
Clausman, Warren John	295	Carlton, Jimmie L	554
Covey, Connie	300	Clark, Jody M.	561
		Chiato, Joseph	573

Curtis, Robert E.	578	
Crew, Rodney	584	
Clifton, Dora Lee	589	
Canett, Lynne D.	594	
Craig, Phyllis	597	
Cummings Craig	600	

Digirolamo, Ginger	14	Darroca, Geraldine A	392
Downs, Paul, Dane	39	Dowell, Charles	403
Dall, Kevin Lee	46	Day, Jeffrey	422
Davis, Pamela Michelle	46	Hay, Robert A.	461
Davison, Rosalie E	47	Davis, Tammy L.	473
Dooley, Denise	57	Dillon, Rhonda D.	482
Dickerson, Phyllis Jan	73	Donnie, Keith A.	502
Doss, Veronica Jan	69	Dorsey, Laura Marie	506
Davis, Shirley Sue	79	Davis George E	527
Donaldson, Brett Robert	102	Dyer, Steven Guy	544
Dodd, Phyllis J.	108	Dunkel, James L.	562
Duncan, Diana Kay	129	Delois, Jeanne M.	570
Dudkowski Tina K	133	Dullinger, Maureen C	577
Dieckman, Mark	144	Davidson, Andrea	596
Davis Joseph E.	146		
Deckard Kevin D.	152		
Davis, Nina Sue	149		
Dooley, Jacquelyn K.	157		
Dennison, Dalias	170		
Davis, Sharon F.	181		
Daum, Judith L.	194		
Duke, Cynthia Jan	197		
Davis, Edward C.	198		
Daugherty James R	205		
DeGolyer, Oral	213		
Dispain, Alfred H.	222		
Dilvaney, Donald Lee	209		
Drake, Samuel L.	235		
Dunson, Evelyn Ann	251		
Duff, Jeffrey W	266		
Dieer, Lee Ellen	267		
Delp, David W	290		
Deer, Melinda M.	293		
Dykema, Toni N	301		
Dooley Donna L.	321		
Daniel, Elizabeth D.	325		
Doub, Denise Michele	336		
Douglas, Julia Ellen	365		
Draper Mary A.	367		
Daughtry, Richard W.	373		
Davidson, Steven D.	469		

Eakins, Rebecca Lynn	40			
Everts, David J. Jr.	57			
Ervin, Richard Paul, Jr.	85			
Ellis, Judith A.	84			
Eckert Roger W.	153			
Everman, Sue	173			
Ewing, Edward W.	224			
Edens, Jeffrey H.	244			
Esenwein, Jeffrey S	269			
Engle, Robert C	294			
Edwards, Larry Dale	365			
Emery, Danny J.	378			
Elliott, Steven D.	399			
Eva, Gregory	402			
Eaton, Gregory	460			
Ellis, Vicky Lynn	509			
Ellett, Bradley	536			
Endres, Sally L.	580			
Ewell, Ellinston R.	587			

Fedrock, Randall J.	6	Fanning, Susan T.	591
Fauty, Debra	14	Faulkenburg, Linda Sue	121
Fisher, Terry Worthy	17		
Fisher, David H.	20		
Fox William B.	24		
Fink, Kim M.	25		
Fedorovicz, Johanna	39		
Fullman, Raymond T. Jr.	44		
Freeland, Cindy E.	52		
Francis, Deanna Lynn	70		
Farnsworth, Cynthia	90		
Ferree Nancy Jean	114		
Federick, Leonard Wm.	118		
Fochtman, Darlene Kathryn	138		
Feistel Edmund J.	174		
Fessell, Barry J.	193		
Foster, Deborah G	219		
Frye, John Edward	278		
Fortner, Melinda S.	326		
Fortner Donnie G.	345		
Fenwick, Jerry L.	352		
Fancher, Larry E.	356		
Ford, Darrell	371		
Fenguay, Sharon K.	386		
Foos, Diane M.	405		
Faulkenberg, James E	409		
Fanning, Kendra L.	423		
Fox Richard G. II	424		
Fox, William R III	459		
Frazier, Florence	460		
Forst, Brayton F.	481		
Fellin, Ronald L.	510		
Ferrell, Larinda	528		
Fiori, James P.	513		
Freitag, Debra A.	523		
Flathers Jon B.	~~538~~		
Fairfield, Russell	558		
Furnish, Gregory J.	570		
Freeman, Daryl	583		
Ferguson Cheryl	583		
Fruits, Christina L.	588		

Halm, Maxine	3	Green, Timothy A	530
Geiger, Larry W.	22	Gelber, David A.	532
Hurstick, Richard P.	29	Goode Joseph W.	534
Hillespie, Michael J.	36	Goins, Paul D.	543
Hearson, Penny J.	36	Griffith, Jerry	552
Goff Melanie H.	43	Griffin, Ronald	556
Goodwin, Susan J	44	Gosser, Jerry D	571
Gregory, Luke L.	49		
Gentry, Newell M	83		
Greffen Robt. D.	93		
Garner Kenneth W	96		
Gallagher, Robert J.	98		
Gilbreath, Rejean O	122		
Gerking, Anne L	162		
Gumbinir, Kenneth Francis	168		
Hendy, Shirley	176		
Hilpin, Sherry	177		
Guy, George Edwyn III	181		
Greenawn, Ann J.	189		
Grones, Kathy L.	209		
Gross, Patricia	237		
Gross, Deborah	286		
Genier, Julie Ann	287		
Goley, Rose Ann	322		
Garrard, Murray Kent	344		
Gee, Beth E	347		
Gray Steven	372		
Goings, Rickey A.	382		
Good, James R.	404		
Glover, William T.	410		
Greenlee, David	430		
Gehrich, Jeff	455		
Godby, Leon	478		
Gibson, Terri	478		
Gray, Michael A.	490		
Gray, Sandra M.	490		
Glover, Ronald L.	495		
Gonterman, Tony Lynn	499		
Gibbs William J.	524		
Gibbs, Sara J.	525		
Grubb Martin G.	529		

Hume, V. Allene	1	Huddleston, Brian E.	250
Hemringer, Mary G.	10	Hill, Jeffrey A.	255
Hamblen, David	12	Hobbs, Janet Sue	260
Hoffman Steven W. } Re-marriage	15	Harrison, Carl A.	267
Hoffman Linda A. }		Hein, Gary L.	274
Hinkle Betha	23	Hendrickson, Teresa L.	281
Hazel, Clara J.	33	Hadley, James Wm.	287
Hutchens, Max A.	35	Heines Richard D.	288
Henderson, Catrice Louise	37	Hardwick, Jacklyn	302
Hurst John W.	38	Harrell, Donna G.	310
Hague James S.	43	Haskell, David R.	312
Hofmann, Gregory Scott	55	Hayden, Donna J	319
House, Mary Jane	63	Haggard, David Wesley	329
Hughes, Mark Raymond	69	Herald, James	342
Hayden, Grace J	83	Hauser, Sharon E.	343
Haddle Rose E	97	Hyne, Larry D	353
Hochstetler, Russell D.	108	Huber Terrence R	357
Hastings, Robin	115	Holder, Addis L.	369
Hawkins, Pamela	116	Hamilton, Debra Kay	370
Hartsock, Steven D	117	Hoffman, Robin Lynn	359
Harrington, Sharon	125	Heald, Timothy J.	374
Hodge, Shari J.	131	Hicks, Timothy E.	383
Hatt, Michel Ray	140	Holmes, Michael L.	397
Huston, Luann		Harvey, Allison	400
Hammons Patrick G.	142	Henderson Lori D.	409
Harvey Rebecca S	146	Hart, Tanya	407
Hawkins, Steven Craig	149	Hugh, Linda	412
Herron Susan D	166	Halton, Allan E.	414
Huston, Carrie Lynn	168	Hall, Albert	431
Hendrick, David B.	177	Hampton, Denise	439
Hicks, Patricia L.	183	Haller, Dennis	460
Hartman, Stephen R.	183	Hessing, Colleen Ann.	480
Horne, Robin A.	199	Hayes, Martha Ann	485
Holmes, Linda Lou	192	Hawkins Donald	496
Harlos Jean Anne	205	Horn, Brian Lane	505
Hunt, Janice Gail	206	Hughes Thomas J.	511
Hensel Margaret J.	208	Hausman, Billy R.	514
Hap John M.	210	Hammons, Terrance J	515
Howard, Timothy L	219	Hodge, Steven	516
Harvey Teresa C.	223	Harmon, Kathy	516
Havens, John H.	230	Harris Cheryl R	518
Herbert, Susan Lynn	240	Hughes, Sanonda D.	522
Hicks, Pamela	242	Hession, Timothy	535

	Hardesty, Dell	536	
	Hill, Heather	539	
	Hammerle, Brenda A.	549	
	Holmes, Deborah J	554	
	Hoyt, Richard	557	
	Herrin, Jean	562	
	Harmless, Teresa Jayne	575	
	Hall, Ruth	593	

Isaacs, Teresa	436			
Isenberg Wm.	1145			
Inman, Monica L	531			

Jackson, Martha	4			
Johns, Frederick J.	58			
Jeffers, Cynthia S.	58			
Jones Robt. D.	89			
Jenner, Michael C.	94			
Jones Juanita C.	96			
Jones, Patricia	136			
Jones, Luther M.	190			
Jones, Angela L.	207			
Jones, G. W.	223			
Johnson, Ellen Jean	224			
Jackson, Kimberly A	231			
Jarvis, Julie	233			
Jenkins, Terry A	238			
Jones, Amber R.	254			
Johnson, Teresa Lynn	277			
Johnson, Wm. S.	299			
Julian, Ann C.	362			
Jones, Larry A.	368			
Judd Ramon D.	420			
Jensen, Deborah	422			
Johnson Deborah D.	424			
Jared, Judith Mae	449			
Jellison, Angel M.	450			
Johnson, Debra L.	463			
Jackson, Barbara L	479			
Jones David W.	500			
Johnson Charles Wm. Jr.	507			
Johnson, Daniel R.	517			
Jensen, Brenda Jan	551			
Johnson, Paul F	588			
Jackson, Donald R	594			
~~Jefferson, Fredous L.~~				

K	
Kercher, Shelia Ann	18
Krzan, Joan Ann	48
Kappmeyer, Ray L	54
Kreyling, Joseph Gordon	70
King, Susan Denise	72
Kirkman, Deborah J.	88
Kimmel, Timothy Rydell	129
Kirby, Aaron Keith	138
Kieper, Thomas Edwin	147
Kenworthy, Jerry W.	154
Kennedy, Deborah Ann	158
Kuhn, Paul A.	172
Kingery, Gay L.	198
Keen, Rebecca J. (Cherry)	215
Konousek Maria I	214
King, Patsy Lee	229
Kent, Darrell J.	245
Kressel, Emily J.	272
Kline, James L.	279
Kase, Christine M.	279
Koopman, Barbara J	294
Klenner, Robert H.	296
Kimble, Robert L.	304
Kennedy, Mary Esther	341
Kohnescher, Barbara Mae	344
Kemmel Julie A.	357
Keezer William S. II	366
Kolzovic, Ann M.	378
Kiffer, Carole Marie	381
King, Kim M.	397
Kindall, Richard L.	406
Kuehnemann, Deborah J.	418
Kerlin, Elizabeth	477
Konovsek, Patricia M.	484
Keith, Diane L.	501
Koontz, Gary M.	520
Knox Jenna S.	529
Kahler, Karen	552
Kolvet Dorothy E.	560
Kemp, Angela D.	573
Keller, Gerald	77

Lockard, Lonie 2
Lawson, Theodore A. 4
Lobbia, Anthony Jay 10
Larson, Robt. F. J. 42
Long, Jeffrey D. 61
Long, Deborah L. 80
Reep, Terry E. 81
Lewis, Lisa Marie 85
Lacy, Marvin C 86
Lewis, David Eugene 106
Leamon, Linda 124
Lewis Roland
Linn, Jeffrey D. 153
Liles, James M 155
LoPossa Herman J. 160
Lemmink, Celia L. 159
Lane, Dale E. 163
Lobbia, Amy B. 171
Lawson, Shanda 175
LaChance Herve 180
Long Sherry L. 180
Larison, William E 191
Lewis, Nancy M. 202
Lewis, Michael L. 214
Lynn, Rhonda K. 248
Loy, Robert L. 281
Leonard, Dean Patrick 285
Lane Deloces J. 288
Laird, Marian J. 296
Lichte Larry J. 309
Long, Lori J. 327
Lorie, Michael Todd 330
~~Lopie~~
Leonard, Robin L 376
Lentz Jayne 377
Leondis, Helen A. 379
Loxton, Rebecka A. 401
Landis, Belinda K. 406
Lyons, Mark C 408
Lawrence, Sherri 408
Lee, Gregory 411

Lositer, Daniel 293
Lueck, David 421
Lueck, Kathryn 421
Lumpkin, Nina 428
Long, Marcia Jane 437
Lilly, Christopher J. 438
La Roche, Lynda Sue
Leer, Beth A 456
Lawrence, Lisa Dawn 459
Luther, Jeffrey A. 484
Linn, David Allen 291
Ludlow, Larry Joe 487
Lofton, Mary C 515
Lunte, Steven A. 521
Leak, Joseph R. 523
Lewis, Eleanor 538
Loyd, Kathleen M 553
Lindsey Rex S. 565
Larkin, Vicki L. 567
Lawson, Kem Lovon 576
Love, Benjamin 595
Lawson Darrin 596
Land, Klana Renee 1

Moffitt, James	9	MacPherson, Ricky L.	327
Maxwell, Hugh A	21	Meloney A. Dutch	333
Monical, Joan K	24	Mark A. Mayse	362
Miller, Karen S.	30	Mowery, Janice	371
Modglin, Robert J	32	Means, Kimberly L.	374
Mitchell, Lance C.	49	Mitchell, Justin S.	375
Norman, Shirley G	53	Milum, Tracy Lynn	383
Mage, Mary K	61	Martin, Hollis Ray	415
Marquiss, Gregory P.	64	May, Jo Ann	415
Maley, Michael L.	71	Mills, Constance J.	433
Miller, Keith A	76	Morphew, Barbara Ann	441
Miller, Linda S.	81	Mullens, Timothy	446
Moreland, Michael W.	88	Madson, Robert Dale	449
Mann, Kevin Ray	100	Mitchell, Lonnie Ray	451
Mann, Ellen S.	103	Mohamed, Dahir	452
Maneewongwathana Suraki	107	Maher, David J	457
Michael, Kimberly Rene	117	Moore, Ellen K.	466
Muncy, Rita M.	119	Mahon, James D	475
Morrison Adrian M.	121	Mahon, Sadie Mae	475
Mobley, Robert Lee	125	Montgomery, Chris L.	489
Moenpaler, Leonard	136	Muir Michael A.	491
Mayer, Gretchen M.	151	Morton, Julie L.	492
Miller, Gerald A.	175	Morrissey, Sharon	494
Miller David B.	182	Mobley, Catherine A.	502
Monroe, Linda	184	Morphew, Leonard A.	503
Morrell Ronald C.	195	Markle, Barbara E.	519
Monbray, Maurice Monroe	197	Morgan, Lynne M.	520
Myers Robt W.	213	Moran, Gary W.	526
Miller, Robert B	225	Merriel, Molly	535
Manning, Angela Marie	234	Mitchell, Patrick W.	540
Murphy, Joseph Robert	240	Martin, Nancy JoAnn	559
Mitchell, Yvonne D	247	Miles Edward A.	560
Myers Kathy J (Wilson)	249	Martens, Peggy Jo	561
Mendenhall, James	253	Myers, Jacqueline Y.	566
Myers, Kenneth J.	261	Morgan, Jeffrey G.	567
Musgrove, Leah K.	261	Mize, Jeffrey Charles	568
Monday Robt J	254	Modic, Thomas Michael	577
Mulvey, Karen M	259	Mascoe, Sherri L	585
Mulvey, Norman Ray Jr	259	Mattingly, Russell	590
Miller, Mary Ellenne	276	Marsh, Virginia L.	600
Moore, Susan	283	~~Hernator, Louis J~~ BK 14	~~603~~
Miller, Barbara L	297		
Mingus, Steve	306		
Morgan, Percy Edward	314		

McAuley, Jane	45
McClintock Tamara S.	95
McCullough, Lisa Diane	134
McKamey Randy B.	143
McNabb Patrick N.	151
McCammack, Timothy D.	192
McCart Amy L	226
McDonald, Scott T	231
McEwen, Todd W.	265
McKee, Patrick L.	292
McBride Jannie L	292
McCullum, Jerry	315
McCullough, Craig Eugene	316
McDole, Mike S.	324
McDowell, Toni F.	328
McCarthy, Earl V	394
McAuley, Rebecca S.	396
McCauley, Mark K.	488 ~~388~~
McRoberts, Jan L.	517
McClung, Karrie K.	523
McDonald, Ronald	549
McGowan, Lisa C.	599

Neal, Imogene	86
Northrop Nicki J.	91
Nickols, William W	99
Nelson, Mark S.	131
Nerdigh, Judith A.	154
Newlin, Linda L.	163
Nelson Danny L	166
Nichols, Gregory J.	178
Neeley, Christine L.	193
New, Danny	217
Neal, John L.	289
Nossett, James R.	305
Noe, Jennifer L.	366
Nelson, Michael E.	367
Newbree, Lawrence J	392
Nichols, Patsy A.	395
Nelly, James D.	443
Nguyen, Nga Hong	444
Linda J. Neal	445
Nelson, Paula S.	511
Nelms, Kenneth C.	527
Nellinger, Joanne L.	540

Ortman, Robert	242			
Oppy, Lance Bryan	300			
Osborne, Philip John	313			
Orr, Patricia Ann	329			
Oxford, Karin Ann	346			
Oppy, Lana Jo	440			
Onken, Lance	528			

Phillips Laurance S.	1	Peirce, James M.	512
Patterson, Robert Allen	5	Phillips Harold	519
Paschall, Kevin K.	7	Phillips, Larry E.	533
Perkins, [illegible] Owen	9	Portwood, Regina D.	542
Phillips Denise R	22	Phillips Roger }	545
Pickrel, Wayne	45	Janice E. Phillips }	545
Page, Glenda D.	51	Parton, Charlene	557
Powers, Timothy Lee	57	Peel Susan R	567
Pickrel, Vivian L.	62	Parsons, Natalie J.	564
Potter, Lloyd			
Potter, Debra	87	Parrish Douglas M.	566
Pittsbott, Jana Jo	98	Pettitt, Kelly Jane	568
Painter, Debra K.	111	Peeler, Victor Louis	575
Pardue, Kenneth R. Jr.	120	Page, Charles R.	586
Pottiger, Janie	135	Portwood Ann M.	590
Perkins, Gene	164	Plott, Robert A	591
Patrick, Douglas	184	Poore, Cynthia Sue	592
Pray, Harry Hamilton III	185	Perry, Greg W.	598
Pfufer Randy L.	194		
Pierson, Bradley	211		
Peeler, Carla M.	221		
Perry Donna S	239		
Price, Stephen P.	241		
Page, Debra L.	244		
Phillips Robt L.	273		
Parker, Paul W	284		
Page, Teena D.	324		
Pitcher, Peggy E.	334		
Pierson, James F	336		
Pleemmer, John E.	339		
Pecar, Pamela	342		
Peyton, Anthony Lee	346		
Purvis, Marshall A.	369		
Piccione, Teresa C.	375		
Prier, David E.	385		
Price, Vicki	432		
Pitcher, David D.	442		
Parsons, Terri L.	434		
Pate, Kevin Keith	440		
Pannpatt, Sharon K.	464		
Phillips William G.	472		
Portwood Mark A.	473		
Powell, Deborah	486		
Patterson, Jeffrey B.	486		

Quearry Jules A.	303			

Ross, Kathleen A.	19	Reed Stephen E.	355
Roberts, Bronnie K.	26	Rutledge Tamera Jo.	358
Reedy, Linda L.	26	Reed, Albert J	361
(Rea, G. Thomas	46	Rushin, Norman	362
(Rea Ladonna J	46	Reedy, Donald C.	359
Roseboom, Shari Louise	60	Roe, Sherry D.	367
Roberson, Laura A	82	Richardson, Roch G. }	388
Reed Stacey L.	89	Royer, Rebecca J. }	388
Reynolds Kenneth W.	91	Royal, Deborah S.	398
Powers, Charles E. Jr.	116	Roseboom, John A.	433
Root Jerry Wayne	161	Randall, John A. Jr.	437
Ridenour, Robert R	162	Reynolds, Michael D.	439
Redman, Peggy	164	Rutledge, David	447
Rand, Timothy	170	Roth, Gary Lee	453
Richwine, Don	173	Ross, Pamela Lee	458
Rodgers, Linda Ellen	181	Richmond, Michael W	465
Rupe, Patricia	188	Ridenour, Sherry L.	468
Richard, Patricia	204	Ruse, Lorna Deaneen	476
Reynolds James S.	208	Ruble, Barbara Ann	483
Rushton, Robin L.	210	Riedener, Erna	496
Reid Jeff A.	212	Roll, Clifford P.	497
Ridenour, Randy D.	216	Ridenour, Shaunda Lyn	498
Rising Sherry L	227	Ramsey, John Joseph	546
Ragan, Lisa G.	236	Ritter, Gary A.	553
Rhue, Michael L.	257	Rohlman, Michael L.	555
Riegel, Jeanette M.	264	Romel, Karl Evan	572
Roberts, Viki R.	265	Ridder, Rhonda Kay	457
Rock, Vicki J.	271	Ramsey, Mark D.	589 ~~448~~
Rose, Mary L.	284	Ridenour, Charles Lee	121
Robinson, Karen Dianne	299	~~Roberts, Tommy M~~	~~603~~
Robinson, Sally Jo	306		
Ruble, Richard G.	308		
Richmond, Joyce	315		
Rady, John P.	326		
Reimer, Dillard R.	331		
Reimer, Pearl	331		
Rader, John C	319		
Reed, Rodney	335		
Roberson, James L.	338		
Richard Rochelle M	345		
Recweur, Jeanette S	348		
Rudell, Trina	350		

Sanders, Terri Lynn 5
Schilling, Gracie M. 7
Scott, James E. 11
Sigler, Melanie K 11
Shull Kimberly C. 14
Shover, Alice 31
Sewdeck, Karen L. 34
Schraub, Deborah K 35
Stephenson Wayne Carl 37
Stockton Julie A. 38
Sanders, William A. 40
Smith, Charles R. 50
Snyder, James Jon 60
Smith, Juanita 67
Sorrels, Diana Sue 68
Schooler, Donald Dean 73
Schilling, Cindy Jon 77
Spears, James E. 79
Sesing, Michael T * 92
Stringfellow, Rose M 99
Smiley, Charles Ray 105
Smither Robin Nicole 105
Short, Geneva Frances 106
Shotwell, Susan J. 112
Stepp, Betty Sue 118
Schooler Virginia M. 121
Sawyer, Robert Wayne 123
Spees, Robert 124
Stansbury Patricia A. 128
Sayman, David L 132
Starkey, Marcia Rebecca 141
Skahill, Mark Alan 148
Schmitt, Anthony Dominic 158
Smither, Cheryl Ann 169
Sexton S. Elaine 174
Stagner, Harold 176
Stinnett, Kellie S. 179
Settles Kellie Jo 182
Smith, Connie 185
Sanders, John 187
Shelton, Michael S. 196

Stewart, James C. 204
Smith, Mary Jo 206
Smith Rhonda C 212
Short, Carey 218
Schafer, Deborah L. 220
Sommers, Mary Kathleen 225
Stephens, Jeff A. 236
Siwek, Thomas M. 237
Shaner, Alan M. 239
Stinson, Phyllis A. 241
Storm, Janice Sue 243
Sevier, Jeffrey A 247
Sullivan, Mary K. 251
Sillery, Robert W 258
Seneff, Jennifer Hamblen 258
Stepp, Larry J. 264
Stringer, Debra J. 268
Sights, Jennifer L. 270
Schenkel, Elizabeth A 274
Severe, Angella S. 278
Sears, Janet L. 280
Spencer, Carolyn J. 289
Settles, Jon C 297
Stewart, Robert S. 298
Sanford, Lori K. 305
Staley, Rowdon 322
Schrier, Leslie W. 332
Simpson, John David 347
St. Clair, Lisa R. 352
Sublett, Walter R 364
Smallwood, Sonya 364
Smith Mary E. 375
Schenck, Daniel D. 380
Singleton, Joe E. 384
Sharp, Robt. E. Jr. 387
Shrum, Jackie Lorie 390
Spears, Michelle 416
Stafford, Vicky Lynn 417
Sharp, Ralph Jr. 428
Schlegel, Cynthia Marie 429
Stephey, Barbara 431
Shulu, Phillip 432
Shouse, Joan 446
Shaner, Shirley A. 461

Snyder, Brian P.	462
Scherer David A.	467
Sanders Dawn C.	467
Swift, Kimberly Mae	481
Sowa, Malgokzata	488
Simpson, Angela J.	491
Suggs Clifford E.	492
Stultz, Bruce A.	494
Spear, Billy J.	493
Stevenson Leeland M.	500
Stevenson, Dorothy G.	500
Stegemoller, Lynda Carol	504
Smith Stacy C.	510
Strehle, Joyce J	514
Sharp, Steve A	578
Shadwick, William D	531
Sherrill, Shannon S.	534
Sparks, Dianne Marie	548
Scott, David Allen	550
Simpson, Gary D	564
Smallwood, Michael Ray	569
Steele, Lana Jo	569
Spears, D. J.	579
Stanifer, Sandra K	582
Stockwell, Jennifer Lynne	596
Schilke, Joann M.	598

Terrill, Beth	12	Todd, Walter S	582	
Tucker, Daniel Lee	13			
Treash, Cathleen	21			
Thomas, Joe Dee	28			
Tallant Paula K	93			
Tooley, Paul J.	111			
Turner, Jonnie	130			
Tabor, Charlotte	137			
Thompson, Eric L.	142			
Todd, Jennifer E.	143			
Timmis, Glenn Jr.	145			
Thompson, Stephanie L.	155			
Thompson, Allen J.	157			
Turman, Greg R.	189			
Thurmon, Suzanne Steuder	191			
Turk, Mary S.	201			
Trent, Sharon R.	214			
Thompson, Stephen B.	220			
Taylor, Alan W.	248			
Tankoley, Richard A.	268			
Thompson, Lisa Gaye	316			
Todd, Edward E. (Jo.)	317			
Thomas, Jay Allen	325			
Tobias, Pamela A.	355			
Tony, Wanda Alici	360			
Trent, Susan L.	368			
Tate Terry L.	389			
Trump, Molly A.	393			
Thibodeaux, Tommy V	410			
Thomas, Anna Marie	471			
Taylor, Cathy Jo.	472			
Toben, Bradley	477			
Tasich, Marci	505			
Trapp, Janice M.	513			
Truax, Brenda	532			
Thomas, Daniel R.	548			
Thompson, Leslie	558			
Thomas Joan	574			
Temple, Christine D.	579			

Umphrey, Susan E	255			
Underwood Gary R	396			
Ullman, Annetta J	571			

Vaughn Stephen	16
Van Arsdale, Fred	19
Vieira, Jose Thomas Jr.	63
Vig Lola J	97
Vernick, Dorothy R.	172
Voris, Steven Lindley	256
Vaughn, Richard E.	280
Vest, Carol Ann	318
Vallone, Michael	350
Vaught, Julia Kay	351
VanLue, Jurel	383
Von Arsdall, Rachel A	430
Vo, Nghi Van	444
Voelkel, Charles	466
Vinton, Vikki L.	512
Venable, Sabra Y	527
Von Arsdale, Dawn A	530
Von Burg, Anita Mae	546
Vonderahe, John L.	559

Wells, Mary A	6	Willard, William R.	272
(Ward, Iona Nolan	8	Warren Kelly J.	273
Ward Lucille D.)	8	Weir, David Allan	282
Walla, Ollie E.	27	Walker, Christopher M	293
Willard, Sherri	29	Wood, Jean Marie	295
Wallace Richard	31	Woody, Charles L	303
Webster, Charles F.	48	Wood Debra L.	309
Whaley Nancy L.	50	Winkler, Janet L.	317
Wolfe, Edwin L	51	Wadtke Steven E	320
Williams, Susan Marie	55	Wilson, David Franklin	318
White, Evelyn Kasten	56	Walton, Frances L.	323
Ward, Marcia Ann	65	Williams, Richard W.	334
Waggoner, Jeffery Lyle	77	Weeks, Sara L	349
Wagner, William J.	78	Willis William J.	358
Wolters, Diane L.	94	Wesley, Jacquelyn	363
Watts, Dennis L.	101	Wood, Charles	370
Ware, Kimberly Diane	102	Williams, Cheryl L.	373
Wagner, Gary N. } Re-Marriage	104	Wiley, Kathryn S.	380
Wagner, Belinda L. }	104	Wright, Wm. D.	381
Wilson, Belinda L	107	Williams, Warren L.	405
Webb, Helen Christine	109	Williams, Beth	411
Wingler, Donald E.	113	Whicker, David }	413
Winters Richard A.	114	Winkley, Pamela }	413
Wienke, Barbara	126	Warrenburg, Larry	427
Wilkinson, Virginia	130	Walters, Sheryl	447
Winkler, Wm. Kelly	134	Wells, Jason E.	450
Wolf, Donna	144	Waggoner, Nancy Beth	452
Wagle, Donna	156	Whiteman, Lisa	453
Wilson, Margaret	160	Whitaker, Karen	455
Weynn, Chris E.	159	Wheeler, Teresa L.	462
Wearley, Stephen D.	171	Webb, Wm. Foster	471
Wagner, Daniel R.	200	Wellman, Tina Rae	499
Welch, Julie A.	200	Wheeler, Timothy Joseph	504
Woodall Helen M. Aubrey	213	Woodard, Gerald D.	537
Wiora Lori L	232	White, Bryce	539
Worley, James William	234	Willis Dennis K	547
Welty, Vicki L	238	Westfall Marc W.	574
Watson, Leah J.	245	Walker, Albert C	592
Walker, Ramona A. (Krueger)	263		
Wines, Kathy L.	266		
White, Daryl L.	271		

Young, Chiqueta S.	42			
Yeager Edward J.	103			
Yeley, Robert L	122			
Young, D.	186			
Yochum, Nancy Sue	230			
Yates Douglas A.	307			
Yount, William A	479			
Young, Samara M.	578			

Zoretich, Michael Stephen	18		
Zsivanyi, Matthew Jr.	120		
Zimmerman, Anita M.	389		
Zeplin, Lisa R	487		
Zeronik, Patty S.	555		
Zimmerman, Brit A.	1		

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 523

File

10-1-81
Date of Application

MALE
Medical Examination Report Dated 9-30-81
Name of Physician David Hadley

FEMALE
Medical Examination Report Dated 9-30-81
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 Laurance Middle S. Last Phillips
Date of Birth: Month 7 Day 6 Year 1910
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R. R. 7170 Maple St. City Mentor County Lake 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 Harry L. Phillips
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Cora Stafford
   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 Laurance S. Phillips
New Address Box 577 Stanfield Ariz

Subscribed and sworn to before me this 1 day of October, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First V. Middle Allene Last Hume
Date of Birth: Month 9 Day 20 Year 1911
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R. R. 1106 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles W. Wilson
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Beulah Jackson
   Residence of mother (if deceased so state) Indpls. Hend. Co 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 V. Allene Hume
New Address Box 577 Stanfield, Ariz

Subscribed and sworn to before me this 1 day of October, 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 5 *day of* Oct, 19 81, *authorizing the joining together as husband and wife* Laurance S. Phillips *and* V. Allene Hume

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

I, Robert Shipley *hereby certify that on the* 24 *day of* Oct, *one thousand nine hundred and* 81 *at* Indpls, *County of* Marion, *State of Indiana, Groom* Laurance S. Phillips *of* Pinal *County, State of* Ariz *and, Bride* V. Allene Hume *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* ..... *County.*

Dated this 5 *day of* Oct, 19 81.

Signed Robert Shipley
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. 524
File 42
10-2-81
Date of Application

MALE
Medical Examination Report Dated 9-30-81
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 9-30-81
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 Larry Middle D. Last Carson
Date of Birth: Month 1 Day 5 Year 58
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 7945 Royal Ave. City Zionsville 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 John C. Carson
   Residence of father (if deceased so state) 7940 S. Harmon Ave Zionsville Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Barbara A. Harmon
   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 Larry Carson
New Address 7945 ROYAL AV. ZIONSVILLE
Subscribed and sworn to before me this 2 day of Oct., 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Carrie Middle M. Last Lockard
Date of Birth: Month 8 Day 16 Year 59
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 10003 Old Road 40 City Indpls. County ~~Hendricks~~ State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 J. Lockard
   Residence of father (if deceased so state) 10003 Old Rd. 40 Indy
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Martha E. Cobb
   Residence of mother (if deceased so state) Same
   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 Carrie M. Lockard
New Address 7945 Royal Ave Zionsville, Ind
Subscribed and sworn to before me this 2 day of Oct, 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 2 *day of* Oct., 19 81, *authorizing the joining together as husband and wife* Larry D. Carson *and* Carrie M. Lockard.

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

I, Howard D. Allen *hereby certify that on the* 10 *day of* Oct., *one thousand nine hundred and* 81, *at* Ivy, *County of* Hendricks, *State of Indiana, Groom* Larry D. Carson *of* Ivy *County, State of* Ind., *and, Bride* Carrie M. Lockard *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 Howard D. Allen
Official Designation Elder United Methodist Church

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. 525
File 43
10-2-81
Date of Application

MALE
Medical Examination Report Dated 9-22-81
Name of Physician Thomas Greist

FEMALE
Medical Examination Report Dated 9-24-81
Name of Physician D. 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 Michael Middle — Last Clemmer
Date of Birth: Month 11 Day 24 Year 51
Place of Birth (State or foreign country): Ind.
Residence Address: Street or R. R. P.O. Box 18 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.

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

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

Signed X Michael Clemmer
New Address PO Box 18 Pittsboro Ind
Subscribed and sworn to before me this 2 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.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Marsine Middle — Last Halm
Date of Birth: Month 4 Day 23 Year 58
Place of Birth (State or foreign country): Ind.
Residence Address: Street or R. R. P.O. Box 18 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.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Halm Sr.
   Residence of father (if deceased so state) Crawfordsville, Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Betty L. Harris
   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 Marsine Halm
New Address PO Box 18 Pittsboro, Ind
Subscribed and sworn to before me this 2 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.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 9th *day of* October, *19* 81, *authorizing the joining together as husband and wife* Michael Clemmer *and* Marsine Halm

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

I, Edward A. Hildebrand *hereby certify that on the* 17 *day of* Oct., *one thousand nine hundred and* 81 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Michael Clemmer *of* Hendricks *County, State of* Ind. *and, Bride* Marsine Halm *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* ..... *County.*

Dated this 9 *day of* Oct., *19* 81.

Signed Edward A. Hildebrand
Official Designation Pastor

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*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 526
File 43
10-5-81
Date of Application

MALE
Medical Examination Report Dated 9-30-81
Name of Physician D. M.

FEMALE
Medical Examination Report Dated 9-30-81
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: Theodore Middle: Allen Last: Lawson
Date of Birth — Month: 1 Day: 20 Year: 57
Place of Birth (State or foreign country): Ind.
Residence Address — Street or R. R.: R3 Box 326B City: Clayton County: State:
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers lic. w/pict.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Oley H. Gregory
   Residence of father (if deceased so state) Iowa
   Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Maggie Hadley
   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 Ted Lawson
New Address RL3 Box 326B Clayton
Subscribed and sworn to before me this 5 day of Oct., 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name — First: Marsha Middle: Ann Last: Jackson
Date of Birth — Month: 2 Day: 8 Year: 55
Place of Birth (State or foreign country): Ind.
Residence Address — Street or R. R.: R.3 Box 326 B. City: Clayton County: State: Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 R. Jackson
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Maureen Jewitt
   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 Marsha A. Jackson
New Address R 3 Box 326-B Clayton
Subscribed and sworn to before me this 5 day of Oct., 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 9th *day of* October, 19 81, *authorizing the joining together as husband and wife* Theodore A. Lawson *and* Marsha A. Jackson

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

I, Gordon T. Wilson, *one thousand nine hundred and* 81 *hereby certify that on the* 10 *day of* Oct., *State of Indiana, Groom* Theodore A. Lawson *at* Ind., *County of* Hend., *and, Bride* Marsha A. Jackson *of* Hend. *County, State of* Ind., *of* Hend. *County, State of* Ind., *were by me united 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 Gordon T. Wilson
Official Designation Bishop

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. 529

File

October 7, 1981
Date of Application

MALE
Medical Examination Report Dated Sept. 30, 1981
Name of Physician Keith Wayne Anegard

FEMALE
Medical Examination Report Dated Sept 25 1981
Name of Physician David M. Malley

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

Date of Birth: Month May Day 3 Year 1958

Place of Birth (State or foreign country): Lafayette Tippecanoe Ind.

Residence Address: 1233 Terry Dr. Street or R. R. Plainfield City County State Ind

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

New Address 1613 Section St Plainfield, In 46168

Subscribed and sworn to before me this 7 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 ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Terri Middle Lynn Last Souder

Date of Birth: Month November Day 1 Year 1961

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

Residence Address: 1613 Section St 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)

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

New Address 1613 Section St. Plainfield IN 46168

Subscribed and sworn to before me this 7 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 ..... Father

Signed ..... Mother

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

..... 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 waiting and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 7 *day of* Oct, 19 81, *authorizing the joining together as husband and wife* Robt. Allen Patterson *and* Terri Lynn Souder

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

I, Dewey A. Thackston *hereby certify that on the* 10 *day of* October, *one thousand nine hundred and* eighty one *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Robt. Allen Patterson *of* Hendricks *County, State of* Indiana *and, Bride* Terri Lynn Souder *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*

Dated this 10 *day of* October, 19 81.

Signed Dewey A. Thackston

Official Designation Minister

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

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 528
File 43
10-8-81
Date of Application

MALE
Medical Examination Report Dated 10-1-81
Name of Physician M. Sarapkapoda

FEMALE
Medical Examination Report Dated 10-1-81
Name of Physician M. Sarapkapoda

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

MALE APPLICANT

Name: First Randall Middle L. Last Feebach
Date of Birth: Month 8 Day 19 Year 48
Place of Birth (State or foreign country) Indpls. Ind
Residence Address: Street or R. R. 542 S. Center City Plfd. County State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

Signed X Randall L. Feebach
New Address 542 S. Center Plainfield

Subscribed and sworn to before me this 8 day of 10, 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 A. Last Wells
Date of Birth: Month 9 Day 13 Year 63
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address: Street or R. R. 2517 S. Bridgeport 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.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Wells
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) N. Carolina
9. Full maiden name of mother Carole B. Nickerson
   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 Mary A. Wells
New Address 542 S. Center Plainfield In. 46168

Subscribed and sworn to before me this 8 day of 10, 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 8 *day of* October, 19 81, *authorizing the joining together as husband and wife* Randall L. Feebach *and* Mary Ann Wells.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Carole B. Nickerson *hereby certify that on the* 17 *day of* Oct, *one thousand nine hundred and* 81, *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Randall Lee Feebach *of* Hendricks *County, State of* Indiana, *and, Bride* Mary Ann Wells *of* Marion *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*
Dated this 17 *day of* Oct, 19 81.

Signed Carole B. Nickerson
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. 529

File

10-9-81
Date of Application

MALE
Medical Examination Report Dated 10-2-81
Name of Physician Steven Paschall

FEMALE
Medical Examination Report Dated 10-8-81
Name of Physician Marvin C. Christie

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 K.; Last Paschall
Date of Birth: Month 3; Day 14; Year 1957
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address: Street or R. R. 1010 Harris St.; City Brownsburg; County; State Ind
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers 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 Kenneth Porter Paschall
   Residence of father (if deceased so state) Brownsburg, Ind.
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Evelyn Eilden Ely
   Residence of mother (if deceased so state) Brownsburg, Ind.
   Birthplace of mother (State or foreign country) Kansas

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

Signed X [signature]
New Address 1116 N. Indiana, Mooresville, IN
Subscribed and sworn to before me this 9 day of Oct, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Tracie; Middle M.; Last Schilling
Date of Birth: Month 9; Day 13; Year 1957
Place of Birth (State or foreign country) Beech Grove, Ind.
Residence Address: Street or R. R. 1116 N. Indiana; 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 License

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

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

Signed Tracie M. Schilling
New Address 1116 N. Indiana St. Mooresville In 46158
Subscribed and sworn to before me this 9 day of Oct, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 19 *day of* October, 19 81, *authorizing the joining together as husband and wife* KEVIN K. PASCHALL *and* TRACIE M. SCHILLING

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

I, ROGER L. DEAN *hereby certify that on the* 24 *day of* OCTOBER, *one thousand nine hundred and* 81 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* KEVIN K. PASCHALL *of* HENDRICKS *County, State of* INDIANA *and, Bride* TRACIE M. SCHILLING *of* MORGAN *County, State of* INDIANA, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 24 *day of* OCTOBER, 19 *L

Signed ROGER L. DEAN
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 29th *day of* OCTOBER, 19 81.

Signed MARY JANE RUSSELL *Clerk*
Hendricks *Circuit Court*

No. 530

File

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

A HENDRICKS County

10-9-81 Date of Application

MALE
Medical Examination Report Dated
Name of Physician

FEMALE
Medical Examination Report Dated
Name of Physician

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

MALE APPLICANT

Name: First Tom Middle Wolis Last Ward

Date of Birth: Month 1 Day 29 Year 1936

Place of Birth (State or foreign country): Shoals W. Va

Residence Address: Street or R. R. 855 Wayside dr. City Pfd. 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

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

New Address: 855 Wayside Plainfield, Ind 46168

Subscribed and sworn to before me this 9th day of Oct, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Lucille Middle Delores Last Ward

Date of Birth: Month 1 Day 6 Year 1937

Place of Birth (State or foreign country): Huntington W. Va

Residence Address: Street or R. R. 855 Wayside dr City Pfd. 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

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

New Address: 855 Wayside Dr. Plainfield, Ind

Subscribed and sworn to before me this 9th 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 ..... Father

Signed ..... Mother

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

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior Court #2 by written order issued 3 day waiting & blood test 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* 9 *day of* Oct, 19 81, *authorizing the joining together as husband and wife* Tom Wolis Ward *and* Lucille Delores Ward.

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

I, John C. Moore *hereby certify that on the* 9 *day of* Oct, *one thousand nine hundred and* 81, *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Tom M Ward *of* Hendricks *County, State of* Ind *and, Bride* Lucille D. Ward *of* Hendricks *County, State of* Ind *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 9 *day of* Oct, 19 81.

Signed John C. Moore

Official Designation Judge

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. 531

File 43

10-9-81
Date of Application

MALE
Medical Examination Report Dated 9-30-81
Name of Physician Dramill

FEMALE
Medical Examination Report Dated 9-30-81
Name of Physician Dramill

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

MALE APPLICANT

Name: First James Middle L. Last Moffitt

Date of Birth: Month 4 Day 5 Year 62

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

Residence Address: Street or R. R. 3007 Clover Dr. City Indpls. County Ind. State 46231

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Johnson
   Residence of father (if deceased so state) ?
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Carolyn Doe
   Residence of mother (if deceased so state) 9322 W. Morris 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 James L. Moffitt
New Address 3007 Clover Dr. Indpls.

Subscribed and sworn to before me this 9 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 ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Theresa Middle A. Last Perkins

Date of Birth: Month 6 Day 16 Year 64

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

Residence Address: Street or R. R. 3137 Clover Dr. City Indpls. County Ind. State 46231

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Raymond E. Perkins
   Residence of father (if deceased so state) 3137 Clover Dr. Indpls. Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara J. Cooperstick
   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 Theresa A. Perkins
New Address 3007 Clover Dr Ind. Ind

Subscribed and sworn to before me this 9 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 X Raymond E Perkins Father

Signed X Barbara J. Perkins Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 13 *day of* Oct., 19 81, *authorizing the joining together as husband and wife* James Moffitt *and* Theresa Perkins

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

I, Dewey E. Thackston *hereby certify that on the* 17 *day of* Oct., *one thousand nine hundred and* 81 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* James Moffitt *of* Hendricks *County, State of* Indiana *and, Bride* Theresa Perkins *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 Dewey E. Thackston

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*

No. 532

File

Date of Application 10-9-81

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

MALE
Medical Examination Report Dated 10-6-81
Name of Physician J. Thomas Walker

FEMALE
Medical Examination Report Dated 10-5-81
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 Anthony, Middle Jay, Last Lobbia
Date of Birth: Month August, Day 19, Year 61
Place of Birth (State or foreign country): Terre Haute, In
Residence Address: Street or R. R. 559 Mackey Rd., City Dville, County Hend., State In
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

Signed Anthony Jay Lobbia
New Address RR1 Box 212 Lizton, In
Subscribed and sworn to before me this 9 day of October, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Grace, Last Hemringer
Date of Birth: Month Oct., Day 14, Year 62
Place of Birth (State or foreign country): Indpls.
Residence Address: Street or R. R. R.R. 1 Box 212, City Lizton, 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: Arthur Marion Hemringer Jr.
   Residence of father (if deceased so state): Lizton
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Phyllis Mae Brown
   Residence of mother (if deceased so state): Lizton
   Birthplace of mother (State or foreign country): Indiana

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

Signed Mary Grace Hemringer
New Address RR1 Box 212 Lizton, In
Subscribed and sworn to before me this 9 day of October, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 9 *day of* Oct., 19 81, *authorizing the joining together as husband and wife* Anthony Jay Lobbia *and* Mary Grace Hemringer. *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, Franklyn Sweeney *hereby certify that on the* 17 *day of* Oct., *one thousand nine hundred and* 81, *at* Lizton, *County of* Hendricks, *State of Indiana, Groom* Anthony J. Lobbia *of* Hendricks *County, State of* Ind., *and, Bride* Mary G. Hemringer *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 17 *day of* Oct., 19 81.

Signed Franklyn Sweeney
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*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 533

File

Oct. 9, 1981
Date of Application

MALE
Medical Examination Report Dated 9-24-81
Name of Physician E. Kourany, Md.

FEMALE
Medical Examination Report Dated 9-24-81
Name of Physician E. Kourany, 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 E. Last Scott

Date of Birth: Month March Day 3 Year 1954

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

Residence Address: Street or R. R. R.R.#8 Box 435 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 licensed (picture)

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

New Address R8 Box 435 Indpls

Subscribed and sworn to before me this 9 day of October, 1981.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Melanie Middle R. Last Sigler

Date of Birth: Month July Day 25 Year 1962

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

Residence Address: Street or R. R. 1013 Valley View Dr. City Pfl. 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 Everett George Sigler
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Frances 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 Melanie Sigler

New Address

Subscribed and sworn to before me this 9 day of October, 1981.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 13 *day of* Oct, 19 81, *authorizing the joining together as husband and wife* James Scott *and* Melanie

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

I, Donald Endsley *hereby certify that on the* 16 *day of* Oct., *one thousand nine hundred and* 81 *at* Mooresville, *County of* Hendricks, *State of Indiana, Groom* James Scott *of* Hendricks *County, State of* IN *and, Bride* Melanie R. Sigler *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* ..... *County.*

Dated this 16 *day of* Oct., 19 81.

Signed Donald Endsley

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22 *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. 534
File 43
10-9-81
Date of Application

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

FEMALE
Medical Examination Report Dated 10-6-81
Name of Physician Black

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

MALE APPLICANT

Name: First David Middle Hamblen Last
Date of Birth: Month 4 Day 6 Year 62
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address: Street or R. R. 110 Sperry Court City Brownsburg County Hendricks State Ind
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Billy Joe Hamblin
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Juice
   Residence of mother (if deceased so state) Florida
   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 David E Hamblen
New Address 120 WILLIAM DR. #M
Subscribed and sworn to before me this 9 day of Oct, 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Beth Middle Terrill Last
Date of Birth: Month 4 Day 25 Year 64
Place of Birth (State or foreign country) Ind Pls.
Residence Address: Street or R. R. 48 Hyde Park Row City Brownsburg County Hendricks State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Porter K. Terrill
   Residence of father (if deceased so state) Brownsburg, Ind.
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Charlotte K. Bruggemate
   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 Beth A. Terrill
New Address 120 Williams Dr. #M
Subscribed and sworn to before me this 9 day of Oct, 81
Mary Jane Russell HENDRICKS

CONSENT OF PARENTS, PA[illegible]NT

We, the parents, of this appli[illegible]
signs, state facts which rende[illegible]

State of Indiana, County of HENDRI[illegible]
Signed
Signed
Subscribed and sworn to before [illegible]

I: Porter Kent Terrill give my permission for my 17 year old daughter Beth Terrill to marry David E. Hamblin
Porter K Terrill
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 [illegible] County Court by written order issued [illegible] and filed in [illegible] authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 13 *day of* Oct. *, 19* 81 *, authorizing the joining together as husband and wife* DAVID E. HAMBLEN *and* BETH A. TERRILL

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

I, STEVEN U. JARRETT *hereby certify that on the* 17 *day of* Oct. *, one thousand nine hundred and* 81 *, at* BROWNSBURG *, County of* HENDRICKS *, State of Indiana, Groom* DAVID E. HAMBLEN *of* HENDRICKS *County, State of* INDIANA *, and, Bride* BETH A. TERRILL *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* [illegible] *County.*

Dated this 17 *day of* OCT. *, 19* 81 *.*

Signed STEVEN U. JARRETT
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* OCTOBER *, 19* 81 *.*

Signed MARY JANE RUSSELL *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 535

File

Date of Application

MALE
Medical Examination Report Dated 9-29-81
Name of Physician Bruce Beatty

FEMALE
Medical Examination Report Dated 9-29-81
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 Daniel Middle Lee Last Tucker

Date of Birth: Month July Day 13 Year 1957

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 207 William Dr. City Brownsburg County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) 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 Warren R. Tucker, Jr.
   Residence of father (if deceased so state) Pittsboro, In.
   Birthplace of father (State or foreign country) Miss.
9. Full maiden name of mother Barbara Fenton
   Residence of mother (if deceased so state) Pittsboro, In
   Birthplace of mother (State or foreign country) In.

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

Signed Daniel L. Tucker

New Address 207 WILLIAMS DR

Subscribed and sworn to before me this 9 day of Oct, 1981.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Rhonda Middle R. Last Bone

Date of Birth: Month Oct Day 1 Year 1959

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 207 William Dr. City Brownsburg County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) 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.
   ~~Jerry~~ Jeremy Bone
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Spurgeon
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Connie Hardesty
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Ind.

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

Signed Rhonda R. Bone

New Address 207 Williams DR.

Subscribed and sworn to before me this 9 day of Oct, 1981.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 14 *day of* Oct, 19 81, *authorizing the joining together as husband and wife* Daniel L. Tucker *and* Rhonda R. Bone

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

I, Jerry R. Nash *hereby certify that on the* 17 *day of* Oct., *one thousand nine hundred and* 81 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Daniel L. Tucker *of* Hendricks *County, State of* Ind *and, Bride* Rhonda R. Bone *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 17 *day of* Oct., 19 81.

Signed Jerry R. Nash

Official Designation Minister

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*

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 536

File

10-13-81 Date of Application

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

MALE
Medical Examination Report Dated 9-23-81
Name of Physician P. Reinholtz

FEMALE
Medical Examination Report Dated 9-23-81
Name of Physician P. Reinholtz

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

MALE APPLICANT

Name: First Luigi; Middle —; Last Digirolamo
Date of Birth: Month 5; Day 21; Year 1957
Place of Birth (State or foreign country): Pietralba Italy
Residence Address: Street or R. R. 2505 E Holmes; City Mesa; County Maracopa; State Ariz.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

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

Subscribed and sworn to before me this 13 day of October, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Fausz
Date of Birth: Month 7; Day 25; Year 1968
Place of Birth (State or foreign country): Huntington Ind
Residence Address: Street or R. R. 2505 E. Holmes; City Mesa; County Maracopa; State Ariz
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

Signed x Debra Kay Fausz
New Address SAME

Subscribed and sworn to before me this 13 day of October, 19.....
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 13 day of Oct, 1981, authorizing the joining together as husband and wife Luigi Digirolamo and Debra K. Fausz.

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

I, Jerry R. Nash hereby certify that on the 16 day of Oct., one thousand nine hundred and 81, at Brownsburg, County of Hendricks, State of Indiana, Groom Luigi Digirolamo of Maricopa County, State of Arizona, and, Bride Debra K. Fausz of Maricopa County, State of Arizona, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 16 day of Oct., 19 81.

Signed Jerry R. Nash
Official Designation Minister

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

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. 537

File

10-13-81
Date of Application

MALE
Medical Examination Report Dated 10-9-81
Name of Physician G. Baker

FEMALE
Medical Examination Report Dated 10-9-81
Name of Physician G. Baker

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

MALE APPLICANT

Name: First Steven Middle M. Last Hoffman

Date of Birth: Month 4 Day 30 Year 1946

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. 109 Kathy 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.
   Same →
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Hilbert Lee Hoffman
   Residence of father (if deceased so state) Anderson Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marie Louise Tacoma
   Residence of mother (if deceased so state) Anderson 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 Steven M. Hoffman

New Address 109 Kathy Dr. B'burg Ind

Subscribed and sworn to before me this 13 day of October, 1981.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Linda Middle Ann Last Hoffman

Date of Birth: Month 10 Day 15 Year 1947

Place of Birth (State or foreign country) Anderson Ind

Residence Address: Street or R. R. 109 Kathy 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.
   Mathew Forest Hoffman
   Amanda Marie Hoffman
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Melvin Forest Swange
   Residence of father (if deceased so state) Harrisburg PA.
   Birthplace of father (State or foreign country) Aurora Ind
9. Full maiden name of mother Marilen Opal Harney
   Residence of mother (if deceased so state) Harrisburg PA.
   Birthplace of mother (State or foreign country) Anderson Ind.

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

Signed Linda Ann Hoffman

New Address 109 Kathy Dr. B'burg Ind

Subscribed and sworn to before me this 13 day of October, 1981.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 20 *day of* Oct, *19*81, *authorizing the joining together as husband and wife* Steven M. Hoffman *and* Linda A. Hoffman

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

I, Dennis L. Dodson *hereby certify that on the* 24 *day of* Oct, *one thousand nine hundred and* 81 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Steven Hoffman *of* Hendricks *County, State of* Ind *and, Bride* Linda A. Hoffman *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 12 *day of* Oct, *19*81.

Signed Dennis L. Dodson

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*

No. 538

File

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

10-13-81 Date of Application

MALE Medical Examination Report Dated 10-1-81
Name of Physician Robt Heaven

FEMALE Medical Examination Report Dated 10-1-81
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 Stephen Middle M. Last Vaughn
Date of Birth: Month 3 Day 36 Year 1959
Place of Birth (State or foreign country) Greencastle Ind.
Residence Address: Street or R. R. RR3 Box 318 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 Gordan U. Vaughn
   Residence of father (if deceased so state) Clayton Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carolina Lallonne Pickett
   Residence of mother (if deceased so state) Clayton Ind.
   Birthplace of mother (State or foreign country) Indiana

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

Signed X Stephen M. Vaughn
New Address RR1 Fillmore
Subscribed and sworn to before me this 13 day of October 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Carol Last Shull
Date of Birth: Month 1 Day 17 Year 1963
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R. R. RR3 Box 396-14 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 Kennon W. Shull
   Residence of father (if deceased so state) Clayton Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia Carol Hale
   Residence of mother (if deceased so state) Clayton Ind.
   Birthplace of mother (State or foreign country) Indiana

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

Signed X Kimberly Carol Shull
New Address R R 1 Fillmore, Indiana
Subscribed and sworn to before me this 13 day of October 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 17 *day of* Oct, 19 81, *authorizing the joining together as husband and wife* Stephen M. Vaughn *and* Kimberley C. Shull

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

I, Carl M. Hazel *hereby certify that on the* 17 *day of* October, *one thousand nine hundred and* 81 *at* Rainbow Acres Church of God, *County of* Hendricks, *State of Indiana, Groom* Stephen M. Vaughn *of* Hendricks *County, State of* Indiana, *and, Bride* Kimberley C. Shull *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 17 *day of* Oct, 19 81.

Signed Carl M. Hazel
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. 539

File

Oct 13, 1981
Date of Application

MALE
Medical Examination Report Dated 10-2-81
Name of Physician R. Ronsburg

FEMALE
Medical Examination Report Dated 10-2-81
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 Garry Middle Worthley Last Fisher
Date of Birth: Month March Day 10 Year 1952
Place of Birth (State or foreign country): Indianapolis In
Residence Address: Street or R. R. 9535 Melody Ln. 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: Harold Worthley Fisher, Jr
   Residence of father (if deceased so state): Indianapolis, In
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Mary Francis Jordon
   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: Garry Fisher
New Address: 9535 Melody Lane

Subscribed and sworn to before me this 13 day of Oct, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Debra Middle Lynn Last Adkins
Date of Birth: Month Feb. Day 27 Year 1964
Place of Birth (State or foreign country): Indianapolis, Ind.
Residence Address: Street or R. R. 9625 W. Washington St. City Indianapolis County State In
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Wilson Adkins
   Residence of father (if deceased so state): Plainfield, In
   Birthplace of father (State or foreign country): W. Virginia
9. Full maiden name of mother: Carolyn Sue Napier
   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: Debbie L. Adkins
New Address: 9535 Melodey Lane

Subscribed and sworn to before me this 13 day of Oct, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed: Wilson Adkins Father
Signed: Carolyn Adkins Mother
Subscribed and sworn to before me this 13 day of Oct, 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 ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Oct, 19 81, *authorizing the joining together as husband and wife* Harry W. Fisher *and* Debra L. Adkins

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

I, Wilson Adkins *hereby certify that on the* 25 *day of* Oct, *one thousand nine hundred and* 81 *at* 9535 Melody Lane, *County of* Hendricks, *State of Indiana, Groom* Harry W. Fisher *of* Hendricks *County, State of* Ind *and, Bride* Debra L. Adkins *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* Oct, 19 81.

Signed Wilson Adkins
Official Designation Preacher

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

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

No. 540

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File Oct 13, 1981
Date of Application

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

MALE
Medical Examination Report Dated 10-7-81
Name of Physician L. Backle

FEMALE
Medical Examination Report Dated 10-7-81
Name of Physician L. Backle

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

MALE APPLICANT

Name: First Michael Middle Stephen Last Zoretich
Date of Birth: Month March Day 2 Year 1953
Place of Birth (State or foreign country): Indianapolis, In
Residence Address: Street or R. R. P.O. Box 91 City Brownsburg, In County State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers 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: Michael Zoretich, Jr
   Residence of father (if deceased so state): Indianapolis, In
   Birthplace of father (State or foreign country): Penn.
9. Full maiden name of mother: Catherine Marie Penigh
   Residence of mother (if deceased so state): Indianapolis, In
   Birthplace of mother (State or foreign country): Yugoslavia

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

Signed Michael S. Zoretich
New Address 16 Elm DR BROWNSBURG INDIANA 46112
Subscribed and sworn to before me this 13 day of Oct, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Shelia Middle Ann Last Kercher
Date of Birth: Month April Day 18 Year 1945
Place of Birth (State or foreign country): Indianapolis, In
Residence Address: Street or R. R. 16 Elm Dr. City Brownsburg, In County State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers 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.
   Gina M. Kercher 15
   Angela R. Kercher 11
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Eugene Edward Ripberger
   Residence of father (if deceased so state): Brownsburg, In
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Margaret Louis Marsckke
   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 Shelia Kercher
New Address 16 Elm Dr. Brownsburg, Ind 46112
Subscribed and sworn to before me this 13 day of Oct, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... 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 Judge John Mowrer authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* OCTOBER, *19* 81, *authorizing the joining together as husband and wife* MICHAEL STEPHEN ZORETICH *and* SHELIA ANN KERCHER

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

I, JOHN M. HALL, *one thousand nine hundred and* 81 *hereby certify that on the* 17 *day of* OCTOBER, *State of Indiana, Groom* MICHAEL S. ZORETICH *at* BROWNSBURG, *County of* HENDRICKS, *and, Bride* SHEILA ANN KERCHER *of* MARION *County, State of* IN, *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* ..... *County.*

Dated this 17 *day of* OCT., *19* 81.

Signed JOHN M. HALL
Official Designation CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* OCTOBER, *19* 81
Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 541
File 43
10-14-81
Date of Application

MALE
Medical Examination Report Dated 10-12-81
Name of Physician Benson

FEMALE
Medical Examination Report Dated 10-12-81
Name of Physician Benson

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

MALE APPLICANT

Name: First Fred; Middle H; Last Van Ardale
Date of Birth: Month 8; Day 13; Year 57
Place of Birth (State or foreign country): Ind.
Residence Address: Street or R. R. 10032 Allendale Dr.; City Indpls.; County; State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers 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.
   Joshua
   Jacob
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Van Ardale
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Maxine Van Sandingham
   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 Fred H. Van Ardale
New Address 10037 Medallion Dr.

Subscribed and sworn to before me this 14 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.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Kathleen; Middle A.; Last Ross
Date of Birth: Month 12; Day 21; Year 52
Place of Birth (State or foreign country): Ind.
Residence Address: Street or R. R. 10037 Medallion Dr.; City Indpls.; County; State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers 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.
   Clifford
   Donald
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Porter
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Dorothy M. Brinkerhoff
   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 Kathleen A. Ross
New Address 10037 Medallion Dr.

Subscribed and sworn to before me this 14 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.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....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 days waiting and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 14 *day of* Oct, 19 81, *authorizing the joining together as husband and wife* Fred H. Van Ardale *and* Kathleen A. Ross

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

I, William P. Hendricks *hereby certify that on the* 14 *day of* Oct, *one thousand nine hundred and* 81 *at* Clermont, *County of* Marion, *State of Indiana, Groom* Fred H. Van Ardale *of* Hendricks *County, State of* Ind. *and, Bride* Kathleen A. Ross *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* ..... *County.*

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

Signed William P. Hendricks
Official Designation Pastor

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*

20

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 542
File 43
10-14-81
Date of Application

MALE
Medical Examination Report Dated 10-10-81
Name of Physician Scanahan

FEMALE
Medical Examination Report Dated 10-10-81
Name of Physician Scanahan

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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: H. Last: Fischer
Date of Birth — Month: 12 Day: 5 Year: 53
Place of Birth (State or foreign country): Ind.
Residence Address — Street or R. R.: RR 18 Box 344D City: Indpls. County: Hendricks State: Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   None
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Henry John Fischer
   Residence of father (if deceased so state): Indpls. Ind.
   Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Mary E. English
   Residence of mother (if deceased so state): Same
   Birthplace of mother (State or foreign country): Mo.

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

Signed X David Fischer
New Address RR 18 Box 344D Indpls
Subscribed and sworn to before me this 14 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 ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name — First: Theresa Middle: A. Last: Bond
Date of Birth — Month: 12 Day: 27 Year: 49
Place of Birth (State or foreign country): Mass.
Residence Address — Street or R. R.: 55½ Lincoln City: Brownsburg County: Hendricks State: Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers lic.

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

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

Signed X Theresa A. Bond
New Address Rt #18 Box 344D Inpls
Subscribed and sworn to before me this 14 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 ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 20th *day of* Oct *, 19* 81*, authorizing the joining together as husband and wife* David H. Fischer *and* Theresa A. Bond *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, William C. McKinney *hereby certify that on the* 24 *day of* Oct. *, one thousand nine hundred and* 81 *at* Indianapolis *, County of* Hendricks *, State of Indiana, Groom* David H. Fischer *of* Hendricks *County, State of* Ind *and, Bride* Theresa A. Bond *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 26 *day of* Oct *, 19* 81*.*

Signed William C. McKinney
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28 *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. 31-1-5-2 Effective July 1, 1957

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 543

File

10-14-81
Date of Application

MALE
Medical Examination Report Dated 10-9-81
Name of Physician Wm Edwards

FEMALE
Medical Examination Report Dated 10-9-81
Name of Physician Wm. Edwards

ALL QUESTIONS MUST BE ANSWERED. I.C. 32-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)"

MALE APPLICANT

Name: First Hugh Middle Allen Last Maxwell
Date of Birth: Month Oct. Day 4 Year 1949
Place of Birth (State or foreign country): Lafayette, In
Residence Address: Street or R. R. 542 Enderly Ave City Elkhart County Elkhart State In
Previous 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.
   Scott Allyn Maxwell
   Jeffrey Thomas Maxwell
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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 Allyn Maxwell
   Residence of father (if deceased so state): Elkhart In
   Birthplace of father (State or foreign country): Ind
9. Full maiden name of mother: Lois Jean Long
   Residence of mother (if deceased so state): Elkhart 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 Hugh A. Maxwell
New Address 542 Enderly Ave #7 Elkhart In.
Subscribed and sworn to before me this 16 day of October, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Catheleen Middle Ann Last Treash
Date of Birth: Month October Day 17 Year 1958
Place of Birth (State or foreign country): Cleveland Ohio
Residence Address: Street or R. R. 542 Enderly #7 City Elkhart County Elkhart State In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify): Drivers Lic w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   John Robert Treash
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Raymond Noble
   Residence of father (if deceased so state): South Bend, In
   Birthplace of father (State or foreign country): Ohio
9. Full maiden name of mother: Barbara Lois Jakaie
   Residence of mother (if deceased so state): South Bend, 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 Catheleen Ann Treash
New Address 542 Enderly #7, Jamsburg, IN
Subscribed and sworn to before me this 16 day of October, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21 day of Oct, 19 81, authorizing the joining together as husband and wife HUGH ALLEN MAXWELL and CATHLEEN ANN TREASH

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

I, ROBERT E. CARRIS hereby certify that on the 24 day of OCTOBER one thousand nine hundred and ~~XX~~ 81 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom HUGH ALLEN MAXWELL of HENDRICKS County, State of INDIANA and, Bride CATHLEEN ANN TREASH of HENDRICKS County, State of INDAINA, were by me united 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 OCTOBER, 19 81.

Signed ROBERT E. CARRIS
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of OCTOBER, 19 81.

Signed MARY JANE RUSSELL Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 544

File

10-16-81
Date of Application

MALE
Medical Examination Report Dated 9-29-81
Name of Physician M. H. Himelstein

FEMALE
Medical Examination Report Dated 9-29-81
Name of Physician M. H. Himelstein

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

MALE APPLICANT

Name: First Larry Middle Ward Last Geyer
Date of Birth: Month 9 Day 19 Year 1954
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R. R. RR1 Box 179 City Plfd. County Ind. State 46168
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) 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 Unknown
   Residence of father (if deceased so state) Unknown
   Birthplace of father (State or foreign country) Unknown
9. Full maiden name of mother Virginia Alice Krebs
   Residence of mother (if deceased so state) Plfd Ind
   Birthplace of mother (State or foreign country) Plfd. Ind

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

Signed X Larry W Geyer
New Address 3464 White Haven Ap 1059 Indy 46254
Subscribed and sworn to before me this 16 day of October, 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Denise Middle R. Last Phillips
Date of Birth: Month 8 Day 26 Year 1960
Place of Birth (State or foreign country) California
Residence Address: Street or R. R. 6434 Whitehaven Rd #1059 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 William E Phillips
   Residence of father (if deceased so state) Indpls Ind.
   Birthplace of father (State or foreign country) Oklahoma
9. Full maiden name of mother Jewel Marie Gray
   Residence of mother (if deceased so state) Indpls Ind
   Birthplace of mother (State or foreign country) Oklahoma

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

Signed X Denise R Phillips
New Address 6434 Whitehaven Rd #1059
Subscribed and sworn to before me this 16 day of October, 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 22 *day of* Oct, 19 81, *authorizing the joining together as husband and wife* Larry W Geyer *and* Denise R. Phillips.

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

I, Darrell A. Robbins *hereby certify that on the* 24 *day of* Oct, *one thousand nine hundred and* 81, *at* Plfd, *County of* Hendricks, *State of Indiana, Groom* Larry W Geyer *of* Hendricks *County, State of* Ind, *and, Bride* Denise R Phillips *of* Marion *County, State of* Ind, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 24 *day of* Oct, 19 81.

Signed Darrell A. Robbins
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. 545

File

10-16-81
Date of Application

MALE
Medical Examination Report Dated 10-13-81
Name of Physician D. H. Stogsdill

FEMALE
Medical Examination Report Dated 10-1-81
Name of Physician John R. Payne

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

MALE APPLICANT

Name: First Philip Middle V. Last Columna

Date of Birth: Month 3 Day 2 Year 55

Place of Birth (State or foreign country) Houston

Residence Address: Street or R. R. 14 E. White Willow City Woodlands County State Texas

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers Licenses

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Vicente Columna
   Residence of father (if deceased so state) 428 Dorris Circle Aberdeen Maryland
   Birthplace of father (State or foreign country) Philippines
9. Full maiden name of mother Ruth Napier
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Same

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

Signed x Philip V. Columna

New Address Houston Texas

Subscribed and sworn to before me this 21 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 ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Beth Middle A Last Henkle

Date of Birth: Month 2 Day 6 Year 1959

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

Residence Address: Street or R. R. 1135 Westside Dr. City B'burg County Hend. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers License

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

New Address Houston Texas

Subscribed and sworn to before me this 16 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 ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 21 *day of* Oct., 19 81, *authorizing the joining together as husband and wife* Philip V. Columna *and* Beth A. Henkle

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

I, William A. Pappano *hereby certify that on the* 24 *day of* Oct., *one thousand nine hundred and* 81, *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Philip V. Columna *of* Houston *County, State of* Ind., *and, Bride* Beth A. Henkle *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* ..... *County.*

Dated this 24 *day of* Oct., 19 81.

Signed William A. Pappano

Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* May, 19 89.

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

No. 546

File

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

10-12-81 Date of Application

MALE
Medical Examination Report Dated 10-12-81
Name of Physician E. Kourany

FEMALE
Medical Examination Report Dated 10-12-81
Name of Physician E. Kourany

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

MALE APPLICANT

Name: First William Middle B. Last Fox
Date of Birth: Month 11 Day 15 Year 1956
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R. R. 3314 Clover 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard E. Fox
   Residence of father (if deceased so state) Indpls Ind.
   Birthplace of father (State or foreign country) Indpls Ind.
9. Full maiden name of mother Rosemary Opal Bradley
   Residence of mother (if deceased so state) 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 × William B. Fox
New Address 3314 CLOVER DR.
Subscribed and sworn to before me this 16 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 ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Joan Middle K Last Monical
Date of Birth: Month 11 Day 8 Year 1959
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R. R. 6391 Indpls Rd. City Mooresville County Morgan State Ind
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

Signed × John K. Monical
New Address 3314 Clover Drive
Subscribed and sworn to before me this 16 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 ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 23 *day of* Oct, 19 81, *authorizing the joining together as husband and wife* William B. Fox *and* Joan K. Monical. *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, Duane E. Moss *hereby certify that on the* 24 *day of* Oct, *one thousand nine hundred and* 81, *at* Mooresville, *County of* Morgan, *State of Indiana, Groom* William B. Fox *of* Hendricks *County, State of* Ind., *and, Bride* Joan K. Monical *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* ..... *County.*

Dated this 24 *day of* Oct, 19 81.

Signed Duane E. Moss
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. 547

File

10-19-81
Date of Application

MALE
Medical Examination Report Dated 10-12-81
Name of Physician Gien O. Oei

FEMALE
Medical Examination Report Dated 10-12-81
Name of Physician Gien O. Oei

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

Date of Birth: Month 4 Day 15 Year 1951

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

Residence Address: Street or R. R. Rt 1 Box 391 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 Wm. Henry Buffington
   Residence of father (if deceased so state) Peru Ind.
   Birthplace of father (State or foreign country) Peru Ind.
9. Full maiden name of mother Kate Cole
   Residence of mother (if deceased so state) Peru Ind
   Birthplace of mother (State or foreign country) Peru Ind.

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

Signed Stephen Patrick Buffington

New Address Same

Subscribed and sworn to before me this 19 day of October, 1981.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Mary Last Fink

Date of Birth: Month 3 Day 15 Year 1956

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

Residence Address: Street or R. R. R1 Box 391 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 Leo A. Fink
   Residence of father (if deceased so state) Peru Ind.
   Birthplace of father (State or foreign country) Kaukauna Misc.
9. Full maiden name of mother Theresa Ann Ver Bockel
   Residence of mother (if deceased so state) Peru Ind.
   Birthplace of mother (State or foreign country) Kaukauna Misc.

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

Signed Kim Fink

New Address Same

Subscribed and sworn to before me this 19 day of October, 1981.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 26 *day of* October, *19* 81, *authorizing the joining together as husband and wife* Stephen Patrick Buffington *and* Kim Mary Katherine Fink

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

I, Robert Leo Sell, III *hereby certify that on the* 7th *day of* November, *one thousand nine hundred and* 81 *at* Peru, *County of* Miami, *State of Indiana, Groom* Stephen Patrick Buffington *of* Miami *County, State of* Indiana *and, Bride* Kim Mary Katherine Fink *of* Miami *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 7th *day of* November, *19* 81.

Signed Robert Leo Sell, III

Official Designation Associate Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 10th *day of* November, *19* 81.

Signed Mary Jane Russell *Clerk*
Hendricks County *Circuit Court*

No. 548

File

Oct 21, 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 10/19/81
Name of Physician Robt. A. McDougal

FEMALE
Medical Examination Report Dated 10/19/81
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 Bronnie Middle K. Last Roberts

Date of Birth: Month June Day 6 Year 1951

Place of Birth (State or foreign country) Monticello, Kent.

Residence Address: Street or R. R. 1610 Tarpon Ave. City Plfd. County Hend. State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Drivers 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 Hobert Lee Roberts
   Residence of father (if deceased so state) Plfd.
   Birthplace of father (State or foreign country) Monticello, Kent.
9. Full maiden name of mother Elva Tucker
   Residence of mother (if deceased so state) Monticello, Kent. Plfd.
   Birthplace of mother (State or foreign country) Monticello, Kent.

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

Signed Bronnie K. Roberts

New Address 203 Parthenia B'burg

Subscribed and sworn to before me this 21 day of Oct, 1981.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Reedy

Date of Birth: Month Aug Day 19 Year 1949

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

Residence Address: Street or R. R. 203 Parthenia City B'burg 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.
   Scott L. Reedy

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

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

Signed Linda L. Reedy

New Address 203 Parthenia B'burg

Subscribed and sworn to before me this 21 day of Oct, 1981.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 27th *day of* Oct. *, 19*81*, authorizing the joining together as husband and wife* Bronnie K. Roberts *and* Linda L. Reedy

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

I, Joseph D. Wilson *hereby certify that on the* 6th *day of* Nov. *, one thousand nine hundred and* 81 *, State of Indiana, Groom* Bronnie K. Roberts *at* Brownsburg *, County of* Hendricks *, and, Bride* Linda L. Reedy *of* Hendricks *County, State of* IN *, 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 6th *day of* Nov. *, 19*81*.

Signed Joseph D. Wilson

Official Designation Minister

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

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 549

File

10-21-81
Date of Application

MALE
Medical Examination Report Dated 10-15-81
Name of Physician MR Niemeier

FEMALE
Medical Examination Report Dated 10-15-81
Name of Physician MR Niemeier

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

MALE APPLICANT

Name: First Glenn Middle H. Last Cook
Date of Birth: Month 10 Day 9 Year 1904
Place of Birth (State or foreign country) Hend. Co, Ind.
Residence Address: Street or R. R. 1409 N. Branch Rd. City Mooresville County Hend State Ind.
Previous Marital 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 William Henderson Cook
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Hend. Co., Indiana
9. Full maiden name of mother Emma J. Ulen
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Plfd Ind.

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

Signed x Glenn H. Cook
New Address
Subscribed and sworn to before me this 21 day of October, 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Ollie Middle Evelyn Last Walla
Date of Birth: Month 8 Day 30 Year 1930
Place of Birth (State or foreign country) Knox Co. Tennessee
Residence Address: Street or R. R. 1409 N. Branch Rd. City Mooresville County Hend. State Ind.
Previous Marital 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 William Clyde Brooks
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Ruby Beatrice Shelton
   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 Ollie E. Walla
New Address Same
Subscribed and sworn to before me this 21 day of October, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 16 *day of* Oct, *19* 81, *authorizing the joining together as husband and wife* Glenn Cook *and* Ollie Walla

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

I, Rev. Thomas W. Kinser *hereby certify that on the* 31st *day of* October, *one thousand nine hundred and* 81 *at* Camby, *County of* Marion, *State of Indiana, Groom* Glenn Cook *of* Hendricks *County, State of* Indiana *and, Bride* Ollie Walla *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 31st *day of* October, *19* 81.

Signed Thomas W. Kinser
Official Designation Minister

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

Signed Mary Jane Russell *Clerk*
Hendricks County *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 550
File 43
10-22-81
Date of Application

MALE
Medical Examination Report Dated 10-15-81
Name of Physician Garnet R. Harris

FEMALE
Medical Examination Report Dated 10-15-81
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 Robert Middle [illegible] Last Breneman
Date of Birth: Month 7 Day 3 Year 55
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. R.2 Box 146 City Clayton 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 lic. w/photo.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   —
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Roy H. Breneman
   Residence of father (if deceased so state) Clayton, Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Martha Edmondson
   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 Robert Breneman
New Address R2 Box 146 Clayton IN 46113

Subscribed and sworn to before me this 22 day of Oct, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Lee Middle Ann Last Thomas
Date of Birth: Month 11 Day 2 Year 57
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 302 S. Wash. City Danville 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 lic. w/photo.

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

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

Signed X Lee A. Thomas
New Address R2 Box 146 Clayton In 46113

Subscribed and sworn to before me this 22 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..... Father
Signed..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Sup. 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* 22 *day of* Oct., 19 81, *authorizing the joining together as husband and wife* Robert Breneman *and* Lee Ann Thomas.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Howard Breneman *hereby certify that on the* 24 *day of* Oct., *one thousand nine hundred and* 81 *at* Home of Mr. & Mrs. Martin Merlin, *County of* Hendricks, *State of Indiana, Groom* Robert Breneman *of* Hendricks *County, State of* INDIANA *and, Bride* Lee Ann Thomas *of* Hendricks *County, State of* INDIANA *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 24 *day of* Oct., 19 81.

Signed Howard D. Breneman
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 *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. 551

File 43

10-22-81
Date of Application

MALE
Medical Examination Report Dated 10-3-81
Name of Physician N. N. Prochoroff

FEMALE
Medical Examination Report Dated 10-3-81
Name of Physician N. N. Prochoroff

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 P. Last Gurchiek
Date of Birth: Month 9 Day 8 Year 57
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 437 S. 11th St. City Apt 4 County New Castle State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers lic. w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Michael V. Gurchiek
   Residence of father (if deceased so state) Terre Haute Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Pretty R. Bradburn
   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 Richard Gurchiek
New Address 2264 Harbor Dr. Apt D Indy 46219

Subscribed and sworn to before me this 22 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 ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Sherri Middle L. Last Willard
Date of Birth: Month 7 Day 20 Year 58
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 638 Palisade Dr. City Apt. A County Clyd State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers lic. w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William E. Willard
   Residence of father (if deceased so state) Haggerstown Ind.
   Birthplace of father (State or foreign country) New Jersey
9. Full maiden name of mother Patricia J. Stitt
   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 Sherri L. Willard
New Address 2264 Harbor Dr. - Apt D Indpls. IN 46219

Subscribed and sworn to before me this 22 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 ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 27 *day of* Oct *, 19* 81*, authorizing the joining together as husband and wife* RICHARD R. GURCHIEK *and* SHERRI L. WILLARS

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

I, STEVEN R. MORROW *hereby certify that on the* 7th *day of* NOV., *one thousand nine hundred and* 81 *at* JACKSONBURG CHRISTIAN CHURCH *, County of* WAYNE *, State of Indiana, Groom* ~~INDIANA~~ RICHARD P. GURCHIEK *of* HENRY *County, State of* INDIANA *and, Bride* SHERRI L. WILLARD *of* WAYNE *County, State of* ~~IN~~ 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 7th *day of* Nov. *, 19* 81.

Signed STEVEN R. MORROW
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 16th *day of* NOV. *, 19* 81.

Signed MARY JANE RUSSELL *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 552
File 43
10-23-81
Date of Application

MALE
Medical Examination Report Dated 10-23-81
Name of Physician J. Black

FEMALE
Medical Examination Report Dated 10-8-81
Name of Physician Spencer J. 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 Sheldon Middle Craig Last Arndt
Date of Birth: Month Dec Day 19 Year 60
Place of Birth (State or foreign country) Springfield, Mo.
Residence Address: Street or R. R. 3103 N. Lakewood 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 & Mil. I.D.

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

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

Signed Sheldon Craig Arndt
New Address 3455 N. 900 E
Subscribed and sworn to before me this 23 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 ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Karen Middle S. Last Miller
Date of Birth: Month 4 Day 14 Year 61
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 3455 N. 900 E City Brownsburg County Ind. State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers Lic. & Reg. voter

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

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

Signed Karen S. Miller
New Address 3455 N. 900 E.
Subscribed and sworn to before me this 23 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 ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 27 *day of* Oct., 19 81, *authorizing the joining together as husband and wife* Sheldon Arndt *and* Karen Miller.

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

I, Donald Tyler, *one thousand nine hundred and* 81, *hereby certify that on the* 31 *day of* Oct., *State of Indiana, Groom* Sheldon Arndt *at* Brownsburg, *County of* Hendricks, *and, Bride* Karen Miller *of* Hendricks *County, State of* IN, *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* Oct., 19 81.

Signed Donald Tyler
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3 *day of* ~~Oct.~~ Nov., 19 81.

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 553
File 43
10-23-81
Date of Application

MALE
Medical Examination Report Dated 10-15-81
Name of Physician R. K. Steagmeller

FEMALE
Medical Examination Report Dated 10-15-81
Name of Physician R. K. Steagmeller

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Last Wallace
Date of Birth: Month 1 Day 8 Year 53
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 2470 Goose Creek Rd. City Martinsville 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 Geo. C. Wallace
   Residence of father (if deceased so state) Martinsville Ind.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Ollie M. Lewis
   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 Richard Wallace
New Address 2470 Goose Cr. Rd. Martinsville, Ind.

Subscribed and sworn to before me this 23 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 ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Alice Middle Last Slover
Date of Birth: Month 12 Day 11 Year 55
Place of Birth (State or foreign country) Ky.
Residence Address: Street or R. R. R 1 Box 106 City Clayton County State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Willie Slover Jr.
   Residence of father (if deceased so state) Clayton Ind.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Zola H. Gray
   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 Alice Slover
New Address 2470 Goose Creek Rd

Subscribed and sworn to before me this 23 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 ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* 30 HENDRICKS *Circuit Court of Indiana dated the* 30 *day of* Oct, 19 81, *authorizing the joining together as husband and wife* Richard L. Wallace *and* Alice R. Slover

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

I, John O. McIntyre *hereby certify that on the* 31 *day of* Oct, *one thousand nine hundred and* 81 *at* Clayton, *County of* Hendricks, *State of Indiana, Groom* Richard L. Wallace *of* Morgan *County, State of* IN *and, Bride* Alice R. Slover *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* Oct, 19 81.

Signed John O. McIntyre
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3 *day of* Nov, 19 81.

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 554

File

10-23-81
Date of Application

MALE
Medical Examination Report Dated 10-21-81
Name of Physician M.E. Chavez Md.

FEMALE
Medical Examination Report Dated 10-21-81
Name of Physician M.E. Chavez 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 Robert, Middle J., Last McGlin

Date of Birth: Month July, Day 26, Year 1945

Place of Birth (State or foreign country): W. Virginia, Boyd, Ky.

Residence Address: Street or R. R. 823 Coolidge, 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 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.
   Carrie McGlin
   Charles McGlin
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Warren McGlin
   Residence of father (if deceased so state) Phillips In.
   Birthplace of father (State or foreign country) Phillips In.
9. Full maiden name of mother Thelma Lee
   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 Robert J McGlin

New Address

Subscribed and sworn to before me this 23 day of October, 1981

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Gayle, Middle J., Last Bingham

Date of Birth: Month December, Day 15, Year 1954

Place of Birth (State or foreign country) Martinsville Morgan In.

Residence Address: Street or R. R. 1401 N. Tibbs, 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) Medicaid Card

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

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

Signed Gayle J Bingham

New Address 1401 N. Tibbs

Subscribed and sworn to before me this 23 day of October, 1981

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 23 *day of* October, 19 81, *authorizing the joining together as husband and wife* Robert J. McGlin *and* Gayle J Bingham

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

I, Richard Wm Burrus *hereby certify that on the* 24 *day of* October, *one thousand nine hundred and* 81 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Robert J. McGlin *of* Marion *County, State of* Indiana *and, Bride* Gayle J Bingham *of* Marion *County, State of* Indiana *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*

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

Signed Richard Wm Burrus

Official Designation Minister

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

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 555
File 43
10-26-81
Date of Application

MALE
Medical Examination Report Dated 10-16-81
Name of Physician S. J. Burrow

FEMALE
Medical Examination Report Dated 10-20-81
Name of Physician J. 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 William, Middle H., Last Bruce Jr.
Date of Birth: Month 1, Day 28, Year 25
Place of Birth (State or foreign country): Ind.
Residence Address: Street or R. R. 55 N. 10th St., City Beech Grove, 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. —
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Bruce Sr.
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Esther H. Hazel E. Hill
   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 William H Bruce
New Address 1015 Kingsbury Dr. Danville Indiana
Subscribed and sworn to before me this 26 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 ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

FEMALE APPLICANT

Name: First Clara, Middle J., Last Hazel
Date of Birth: Month 11, Day 7, Year 28
Place of Birth (State or foreign country): Ind.
Residence Address: Street or R. R. 1015 Kingsbury 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) 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 Admiral Dewey Franklin
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Olive Finzel
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Kitchener Ontario Canada

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

Signed Clara J. Hazel
New Address 1015 Kingsbury Dr. Danville Ind
Subscribed and sworn to before me this 26 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 ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 30th *day of* October, 19 81, *authorizing the joining together as husband and wife* William H. Bruce Jr. *and* Clara J. Hazel

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

I, Daniel E. Finch *hereby certify that on the* 6 *day of* November, *one thousand nine hundred and* 81 *at* Fort Wayne, *County of* —, *State of Indiana, Groom* William Bruce Jr *of* Hendricks *County, State of* Indiana *and, Bride* Clara J. Hazel *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 6 *day of* November, 19 81.

Signed Daniel E Finch
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 8 *day of* January, 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. 556
File 43
10-26-81
Date of Application

MALE
Medical Examination Report Dated 10-20-81
Name of Physician D. Cohen

FEMALE
Medical Examination Report Dated 10-20-81
Name of Physician D. 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 Frank Last Burge
Date of Birth: Month 2 Day 29 Year 60
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 945 Highlander City Pdl 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
   Michael Frank Burge
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 D. Burge
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind
9. Full maiden name of mother Mary M. Clements
   Residence of mother (if deceased so state) Pdl, Ind.
   Birthplace of mother (State or foreign country) Mo.

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

Signed X Michael F Burge
New Address 945 Highlander Dr.
Subscribed and sworn to before me this 26 day of Oct., 19 81
Mary Jane Pinnell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Lee Last Surber
Date of Birth: Month 5 Day 8 Year 63
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 945 Highlander City Pdl 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.
   Michael Frank Surber
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert E. Surber
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Doris A. Day
   Residence of mother (if deceased so state) Pdl, 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 Karen Surber
New Address 945 Highlander
Subscribed and sworn to before me this 26 day of Oct., 19 81
Mary Jane Pinnell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 26 *day of* Oct., 19 81, *authorizing the joining together as husband and wife* Michael F. Burge *and* Karen L. Surber

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

I, John C. Moorer *one thousand nine hundred and* 81 *hereby certify that on the* 26 *day of* Oct., *State of Indiana, Groom* Michael F. Burge *at* Danville, *County of* Hendricks, *and, Bride* Karen L. Surber *of* Hendricks *County, State of* Ind, *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* ..... *County.*

Dated this 26 *day of* Oct., 19 81.

Signed John C. Moorer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 27 *day of* Oct., 19 81.

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 557

File Oct. 27, 1981
Date of Application

MALE
Medical Examination Report Dated 10-26-81
Name of Physician A. Scudder

FEMALE
Medical Examination Report Dated 10-26-81
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 Max Middle A. Last Hutchens
Date of Birth: Month Feb. Day 10 Year 1952
Place of Birth (State or foreign country) Lebanon, Indiana
Residence Address: Street or R. R. RR1 Box 368 City Donville County State Indiana
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Max A. Hutchens Jr. 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 Walter Russell Hutchens
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mildred Alene Hall
   Residence of mother (if deceased so state) Donville, Indiana
   Birthplace of mother (State or foreign country) Indiana

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

Signed Max A. Hutchens
New Address 9519 HARMONY DR Indpls
Subscribed and sworn to before me this 27 day of Oct, 19 81.
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Deborah Middle K. Last Schraub
Date of Birth: Month Dec Day 2 Year 1954
Place of Birth (State or foreign country) Batesville, Indiana
Residence Address: Street or R. R. 8840 Kathleen Ave. City Clermont 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.
   Cassie Jo Schraub 4
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Elmer Phillip Schraub
   Residence of father (if deceased so state) Clermont, Indiana
   Birthplace of father (State or foreign country) Kan.
9. Full maiden name of mother Zola Jones
   Residence of mother (if deceased so state) Clermont, Indiana
   Birthplace of mother (State or foreign country) Ky

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

Signed Deborah K. Schraub
New Address 9519 Harmony Dr. Plainfield
Subscribed and sworn to before me this 27 day of Oct, 19 81.
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 6th *day of* Nov. *, 19* 81 *, authorizing the joining together as husband and wife* Max A. Hutchens *and* Deborah K. Schraub

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

I, Mary Jane Russell *hereby certify that on the* 6th *day of* November *, one thousand nine hundred and* Eighty one *at* Danville, In *, County of* Hendricks *, State of Indiana, Groom* Max A. Hutchens *of* Hendricks *County, State of* Indiana *and, Bride* Deborah K Schraub *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* November *, 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 17th *day of* November *, 19* 81 *.*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 558
File 43
10-29-81
Date of Application

MALE
Medical Examination Report Dated 10-12-81
Name of Physician C. L. Heinlein

FEMALE
Medical Examination Report Dated 10-12-81
Name of Physician C. L. Heinlein

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

MALE APPLICANT

Name: First Michael, Middle Lee, Last Gillespie
Date of Birth: Month 10, Day 3, Year 61
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 127 Kaufman 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) Driver lic w/photo & Reg. voter

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harry M. Gillespie
   Residence of father (if deceased so state) Danville Ind
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Linda J. Sebrell
   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 Mike Gillespie
New Address Crestwood Apts. Indpls. Ind.
Subscribed and sworn to before me this 29 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 ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Penny, Middle Lee, Last Gleason
Date of Birth: Month 9, Day 19, Year 61
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 546 S. Kentucky St., 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) Driver lic w/photo & Reg. voter

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Gleason
   Residence of father (if deceased so state) Florida
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Donna J. Hibbard
   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 X Penny Gleason
New Address Crestwood Apts. Bldg 5 #307B Indianapolis
Subscribed and sworn to before me this 29 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 ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 2nd day of Nov., 19 81, authorizing the joining together as husband and wife Michael Lee Gillespie and Penny Lee Gleason
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Dr. Joseph O. Stump hereby certify that on the 7th day of November, one thousand nine hundred and 81, State of Indiana, Groom Michael Lee Gillespie at Danville, County of Hendricks, and, Bride Penny Lee Gleason of Hendricks County, State of Indiana, 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 7th day of November, 19 81.

Signed Dr. Joseph O. Stump
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of November, 19 81.
Signed Mary Jane Russell Clerk
Hendricks County Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 559

File October 30, 1981
Date of Application

MALE
Medical Examination Report Dated 10-26-81
Name of Physician Garnet R. Harris MD

FEMALE
Medical Examination Report Dated 10-26-81
Name of Physician Larry D. Lovell 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 Wayne Middle Carl Last Stephenson
Date of Birth: Month September Day 2 Year 1963
Place of Birth (State or foreign country): Lebanon Boone County In State
Residence Address: Street or R. R. 129 Sanders Ct. City Lebanon 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 James Stephenson
   Residence of father (if deceased so state) Jeffersville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jeanaine Duff
   Residence of mother (if deceased so state) Jeffersville, 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 Wayne Carl Stephenson
New Address 129 Sanders Court, Lebanon, IN 46052
Subscribed and sworn to before me this 30 day of October, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Catrina Middle Louise Last Henderson
Date of Birth: Month October Day 31 Year 1962
Place of Birth (State or foreign country): Hendricks County In
Residence Address: Street or R. R. P.O. Box 131 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 Marvin D. Henderson
   Residence of father (if deceased so state) Clayton In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Delaney G. Lewis
   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 Catrina Louise Henderson
New Address 129 Sanders Ct, Lebanon, In.
Subscribed and sworn to before me this 30 day of October, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 3 *day of* Nov., 19 81, *authorizing the joining together as husband and wife* Wayne Carl Stephenson *and* Catrina Louise Henderson.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Raymond H. Duff *hereby certify that on the* 6 *day of* November, *one thousand nine hundred and* 81 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Wayne Carl Stephenson *of* Boone *County, State of* Indiana *and, Bride* Catrina Louise Henderson *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 3 *day of* November, 19 81.

Signed Raymond H. Duff
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* December, 19 81.
Signed Mary Jane Russell *Clerk*
Hendricks *Circuit Court*

38

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 560

File

10-30-81
Date of Application

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

FEMALE
Medical Examination Report Dated 10-26-81
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 John Middle W. Last Hurst

Date of Birth: Month 7 Day 30 Year 56

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. 314 W North 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 Wm. E. Hurst
   Residence of father (if deceased so state) Indpls Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Charlene Ann Sager
   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 John Hurst

New Address 314 W. NORTH ST. PLFD, IN.

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

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Julie Middle A. Last Stockton

Date of Birth: Month 11 Day 12 Year 1957

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

Residence Address: Street or R. R. 314 W. North 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 male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Le Roy Stockton
   Residence of father (if deceased so state) Plfd Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marion L. Smith
   Residence of mother (if deceased so state) Plfd 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 Julie Stockton

New Address 314 W. North St. Plainfield 46168

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

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 6 *day of* Nov, 19 81, *authorizing the joining together as husband and wife* John W. Hurst *and* Julie A. Stockton

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

I, Dewey A. Thackston *hereby certify that on the* 7th *day of* November, *one thousand nine hundred and* 81, *State of Indiana, Groom* John W. Hurst *at* Plainfield, *County of* Hendricks *and, Bride* Julie A. Stockton *of* Hendricks *County, State of* Indiana *of* Hendricks *County, State of* Indiana *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*

Dated this 7th *day of* November, 19 81.

Signed Dewey A. Thackston

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10th *day of* November, 19 81.

Signed Mary Jane Russell *Clerk*

Hendricks *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 561

File 43

Nov 2, 1981
Date of Application

MALE
Medical Examination Report Dated 10-30-81
Name of Physician D. Walker

FEMALE
Medical Examination Report Dated 10-30-81
Name of Physician D. 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 Gene Middle Paul Last Downs
Date of Birth: Month 10 Day 3 Year 33
Place of Birth (State or foreign country): Ind.
Residence Address: Street or R. R. 333 S. Green Apt. 2 City Brownsburg County Ind. State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers Lic w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Eddie Thomas Downs
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 P. Downs
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Sybil G. Santa
   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 Gene P. Downs
New Address 333 S. Green St #2

Subscribed and sworn to before me this 2 day of Nov., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Johanna Middle M. Last Fedorowicz
Date of Birth: Month 2 Day 27 Year 33
Place of Birth (State or foreign country): NY
Residence Address: Street or R. R. 327 S Sherwood Ave. City Connersville County Fa. State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers Lic w/picture

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

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

Signed Johanna M. Fedorowicz
New Address 333 S. Green St Brownsburg

Subscribed and sworn to before me this 2 day of Nov., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 6 *day of* Nov *, 19*81*, authorizing the joining together as husband and wife* Gene P. Downs *and* Johanna M. Fedorowicz

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

I, John C. Mowrer *hereby certify that on the* 12 *day of* Nov., *one thousand nine hundred and* 81 *at* Danville *, County of* Hendricks *, State of Indiana, Groom* Gene P. Downs *of* Hendricks *County, State of* IN *and, Bride* Johanna M. Fedorowicz *of* Penellas *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 ..... County.*

Dated this 12 *day of* Nov *, 19*81*.*

Signed John C Mowrer
Official Designation Judge

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

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 562
File
11-3-81
Date of Application

MALE
Medical Examination Report Dated 10-23-81
Name of Physician G. Baker

FEMALE
Medical Examination Report Dated 10-23-81
Name of Physician G. 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 William Middle A. Last Sanders
Date of Birth: Month 3 Day 25 Year 1961
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R. R. 5760 Sebring Dr. Apt B 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 Charles A. Sanders
   Residence of father (if deceased so state) B'burg Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Alice F. Boles
   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 William A. Sanders
New Address 5760 Sebring Dr. apt B Indianapolis
Subscribed and sworn to before me this 3 day of November 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Eakins
Date of Birth: Month 4 Day 13 Year 1963
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R. R. 222 Prairie Pkwy 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 L. Eakins
   Residence of father (if deceased so state) B'burg Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lillian R. Knightlinger
   Residence of mother (if deceased so state) B'burg 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 Rebecca Lynn Eakins
New Address 5760 Sebring Dr. Apt B Indpls 46254
Subscribed and sworn to before me this 3 day of November 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 9 day of November, 19 81, authorizing the joining together as husband and wife William A. Sanders and Rebecca Lynn Eakins
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, George Ours hereby certify that on the 14th day of November, one thousand nine hundred and eighty one at Brownsburg, County of Hendricks, State of Indiana, Groom William A. Sanders of Marion County, State of Indiana, and, Bride Rebecca Lynn Eakins of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 16th day of November, 19 81.

Signed George Ours
Official Designation Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of November, 19 81.
Signed Mary Jane Russell Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Re-Marriage

No. 563

File

Nov 3, 1981
Date of Application

MALE
Medical Examination Report Dated 10-29-81
Name of Physician Larry R. Backle

FEMALE
Medical Examination Report Dated 10-29-81
Name of Physician Larry R Backle

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

MALE APPLICANT

Name — First: G. Middle: Thomas Last: Rea
Date of Birth — Month: 6 Day: 22 Year: 1934
Place of Birth (State or foreign country): New Castle, In.
Residence Address — Street or R. R.: 2455 Northern Dr. City: Plfd. County: State: In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License w/ p.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: George Thomas Rea
   Residence of father (if deceased so state): New Castle, In.
   Birthplace of father (State or foreign country): Ill.
9. Full maiden name of mother: Margaret I. Schultz
   Residence of mother (if deceased so state): New Castle, 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 G. Thomas Rea
New Address 2455 Northern Dr. Plainfield

Subscribed and sworn to before me this 3rd day of Nov., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name — First: Ladonna Middle: J. Last: Rea
Date of Birth — Month: 1 Day: 23 Year: 1942
Place of Birth (State or foreign country): Indianapolis, In.
Residence Address — Street or R. R.: 2455 Northern Dr. City: Plfd. County: State: In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License w/ p.

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

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

Signed Ladonna Rea
New Address 2455 Northern Dr. Plainfield

Subscribed and sworn to before me this 3rd day of Nov., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 14 *day of* Nov., 19 81, *authorizing the joining together as husband and wife* G. Thomas Rea *and* Ladonna J. Rea

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

I, John C. Maurer *hereby certify that on the* 13 *day of* Nov., *one thousand nine hundred and* 81 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* G. Thomas Rea *of* Hendricks *County, State of* Ind. *and, Bride* Ladonna J. Rea *of* Hendricks *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 13 *day of* Nov., 19 81.

Signed John C. Maurer
Official Designation Judge

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

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 564

File

11-3-81 Date of Application

MALE
Medical Examination Report Dated 11-3-81
Name of Physician Thomas Dascoli

FEMALE
Medical Examination Report Dated 11-3-81
Name of Physician Thomas Dascoli

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 F. Last Larsen Jr.
Date of Birth: Month 12 Day 16 Year 1959
Place of Birth (State or foreign country) Virginia
Residence Address: Street or R. R. 3208 Virgt 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 Robt. F. Larsen, Sr.
   Residence of father (if deceased so state) Indpls Indiana
   Birthplace of father (State or foreign country) N.Y.
9. Full maiden name of mother Nancy L Kipps
   Residence of mother (if deceased so state) Indpls Ind.
   Birthplace of mother (State or foreign country) Wisconsin

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

Signed X Robert F. Larsen Jr.
New Address 120 Williams Drive Apt K
Subscribed and sworn to before me this 3 day of Nov., 1981
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Chigeeta Middle S Last Young
Date of Birth: Month 7 Day 30 Year 1963
Place of Birth (State or foreign country) Danville Ind.
Residence Address: Street or R. R. 6505 N. 625E 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 Don C. Young
   Residence of father (if deceased so state) B'burg Ind.
   Birthplace of father (State or foreign country) Scottsville KY
9. Full maiden name of mother Jodean Ford
   Residence of mother (if deceased so state) B'burg Ind.
   Birthplace of mother (State or foreign country) Thompkinsville KY

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

Signed X Chigeeta S. Young
New Address 120 Williams Drive
Subscribed and sworn to before me this 3 day of November 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 3 *day of* Nov., 1981, *authorizing the joining together as husband and wife* Robert F. Larsen, Jr. *and* Chigeeta S. Young

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

I, Kenneth D. Cooper *hereby certify that on the* 7 *day of* November, *one thousand nine hundred and* 81, *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Robert F. Larsen, Jr. *of* Marion *County, State of* IN, *and, Bride* Chigeeta S. Young *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 7th *day of* Nov., 1981.

Signed Kenneth D. Cooper
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 12 *day of* Nov., 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. 565

File

11-3-81
Date of Application

MALE
Medical Examination Report Dated 10-27-81
Name of Physician Randolph Lieverty

FEMALE
Medical Examination Report Dated 10-27-81
Name of Physician Randolph Lieverty

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

MALE APPLICANT

Name: First James, Middle L., Last Hague
Date of Birth: Month 10, Day 13, Year 1954
Place of Birth (State or foreign country): Indianapolis Ind.
Residence Address: Street or R. R. 844 E. Main, City Plfd., County Hend, State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Frederick L. Hague
   Residence of father (if deceased so state): Pittsboro Ind.
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Helen E. Cox
   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 James L. Hague
New Address 844 E. Main, Plainfield, Ind.

Subscribed and sworn to before me this 3 day of Nov, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Melanie, Middle H., Last Goff
Date of Birth: Month 2, Day 25, Year 1951
Place of Birth (State or foreign country): Indpls Ind.
Residence Address: Street or R. R. 844 E. Main, City Plfd., County Hend, State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Glen E. Goff III
   Melinda Anne Goff
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Irwin
   Residence of father (if deceased so state): Richmond Ind
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Marilyn J. Hollingsworth
   Residence of mother (if deceased so state): Richmond 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 Melanie H. Goff
New Address 844 E. Main St., Plfd

Subscribed and sworn to before me this 3 day of Nov, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 3 *day of* Nov., 19 81, *authorizing the joining together as husband and wife* James L. Hague *and* Melanie H. Goff

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

I, Joseph D. Wilson *hereby certify that on the* 7 *day of* Nov., *one thousand nine hundred and* 81 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* James L. Hague *of* Hendricks *County, State of* Ind. *and, Bride* Melanie H. Goff *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* ..... *County.*

Dated this 7th *day of* Nov., 19 81.

Signed Joseph D. Wilson
Official Designation Minister

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

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 566

File

11-3-81
Date of Application

MALE
Medical Examination Report Dated 10-23-81
Name of Physician James Black

FEMALE
Medical Examination Report Dated 10-29-81
Name of Physician Jonathan Fisick

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

MALE APPLICANT

Name: First Raymond, Middle T., Last Fullman Jr.
Date of Birth: Month 2, Day 20, Year 1956
Place of Birth (State or foreign country): Ind.
Residence Address: Street or R. R. 217 Pamela Arroway, City Brownsburg, County, State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Raymond T. Fullman Sr.
   Residence of father (if deceased so state): Brownsburg, In.
   Birthplace of father (State or foreign country): In.
9. Full maiden name of mother: Marybelle Tate
   Residence of mother (if deceased so state): Brownsburg, 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 x Raymond T. Fullman Jr.
New Address 9898 A. W. Wilson RD

Subscribed and sworn to before me this 3 day of Nov., 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 J., Last Goodwin
Date of Birth: Month 8, Day 14, Year 1956
Place of Birth (State or foreign country): Ind.
Residence Address: Street or R. R. 9898 W. Wilson Rd., 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.
   Jennifer Goodwin
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: James L. Farmer, Sr.
   Residence of father (if deceased so state): Same
   Birthplace of father (State or foreign country): In.
9. Full maiden name of mother: Mary Curd
   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 x Susan L. Goodwin
New Address 9898 W. Wilson Rd

Subscribed and sworn to before me this 3 day of Nov., 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 10 *day of* Nov, 1981, *authorizing the joining together as husband and wife* Raymond T. Fullmane *and* Susan J. Goodwine

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

I, George Dawes *hereby certify that on the* 14th *day of* November, *one thousand nine hundred and* eighty one *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Raymond Fullman Jr. *of* Hendricks *County, State of* Indiana *and, Bride* Susan J. Goodwine *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 16 *day of* November, 19 81.

Signed George Dawes
Official Designation Methodist minister

Filed and recorded in accordance with the laws of the State of Indiana this 17 *day of* novemb, 19 81.

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 567

File

Nov 4, 1981
Date of Application

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

FEMALE
Medical Examination Report Dated 11-3-81
Name of Physician Dunnill

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

Date of Birth: Month 7 Day 24 Year 14

Place of Birth (State or foreign country) Ill.

Residence Address: Street or R. R. P.O. Box 51 City Carterburg 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 lic w/pict

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

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

Signed X Wayne Pickerel
New Address RR#4, Box#304, Marion, Ill.

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

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Irene Middle Last McAnelly

Date of Birth: Month 1 Day 21 Year 23

Place of Birth (State or foreign country) Ill.

Residence Address: Street or R. R. RR4, Box 304 City Marion 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) 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Herman J. Wahlwend
   Residence of father (if deceased so state) Marion Ill.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Helen Kiellback
   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 Irene McAnelly
New Address RR#4, Box#304, Marion, Ill.

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

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 4 *day of* Nov., *19* 81, *authorizing the joining together as husband and wife* Wayne Pickerel *and* Irene McAnelly

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

I, Rev. John O. McIntyre *hereby certify that on the* 5th *day of* November, *one thousand nine hundred and* 81 *at* Clayton, *County of* Hendricks, *State of Indiana, Groom* Wayne Pickerel *of* Hendricks *County, State of* Indiana *and, Bride* Irene McAnelly *of* Williamson *County, State of* Illinois, *were by me united 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* November, *19* 81.

Signed John O. McIntyre
Official Designation Minister

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

Signed Mary Jane Russell *Clerk*
Hendricks County *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 568

File

11-4-81
Date of Application

MALE
Medical Examination Report Dated 11-3-81
Name of Physician Ludmila Teammel

FEMALE
Medical Examination Report Dated 11-3-81
Name of Physician Ludmila Teammel

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

MALE APPLICANT

Name: First Kevin Middle Lee Last Doll
Date of Birth: Month Dec Day 10 Year 1961
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. RR6 Box 235 City Danville County 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 Richard Lee Doll
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Lola Saylor
   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 Kevin L. Doll
New Address RR 1 Box 106 DANVILLE IN.
Subscribed and sworn to before me this 4 day of Nov., 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Michelle Last Davis
Date of Birth: Month May Day 21 Year 1963
Place of Birth (State or foreign country) Ky.
Residence Address: Street or R. R. P.O. Box 6 City Amo County County State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

Signed Pam Davis
New Address RR1 Box 106 Danville
Subscribed and sworn to before me this 4 day of Nov, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 9 *day of* Nov. *, 19* 81 *, authorizing the joining together as husband and wife* Kevin Lee Doll *and* Pamela Michelle Davis

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

I, Rev Donald S. Wallace *hereby certify that on the* 14th *day of* November *, one thousand nine hundred and* eighty one *, at* Plainfield *, County of* Hendricks *, State of Indiana, Groom* Kevin Lee Doll *of* Hendricks *County, State of* Indiana *and, Bride* Pamela Michelle Davis *of* Hendricks *County, State of* Indiana *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 14th *day of* November *, 19* 81 *.*

Signed Donald S. Wallace
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 17th *day of* November *, 19* 81 *.*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 569

File

11-4-81
Date of Application

MALE
Medical Examination Report Dated
Name of Physician

FEMALE
Medical Examination Report Dated 10-16-81
Name of Physician J. Humphry

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Lee Last Powers
Date of Birth: Month Sept Day 9 Year 1959
Place of Birth (State or foreign country): Vincennes, Indiana
Residence Address: Street or R. R. P.O. Box 127 City Plainfield County State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) IYC ID

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

Subscribed and sworn to before me this 12 day of Nov, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Rosalie Middle E. Last Dovison
Date of Birth: Month Feb Day 10 Year 1961
Place of Birth (State or foreign country): Vincennes, Indiana
Residence Address: Street or R. R. 1706 Indiana Ave City Vincennes 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: Aurilious Ralph Dovison
   Residence of father (if deceased so state): Vincennes, In
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Betty Lou Goodwin
   Residence of mother (if deceased so state): Vincennes, 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 Rosalie E. Dovison
New Address 1706 Indiana Ave.

Subscribed and sworn to before me this 4 day of Nov, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 12 *day of* Nov, *19*81, *authorizing the joining together as husband and wife* Timothy Lee Powers *and* Rosalie E. Dawson

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

I, Fr. Stephen J. Malaney *hereby certify that on the* 18 *day of* Nov, *one thousand nine hundred and* 81 *at* Pdl, *County of* Hendricks, *State of Indiana, Groom* Timothy L. Powers *of* Hendricks *County, State of* Ind *and, Bride* Rosalie E. Dawson *of* Knox *County, State of* Ind, *were by me united 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* Nov, *19*81

Signed Fr. Stephen J. Malaney
Official Designation Priest Episcopal

Filed and recorded in accordance with the laws of the State of Indiana this 19 *day of* Nov, *19*81
Signed Mary Jane Russell *Clerk*
Hendricks *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 570

File

Date of Application

MALE
Medical Examination Report Dated 11-3-81
Name of Physician Terry Mandell

FEMALE
Medical Examination Report Dated 11-3-81
Name of Physician Terry Mandell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 F. Last Webster
Date of Birth: Month July Day 17 Year 1923
Place of Birth (State or foreign country) Penn
Residence Address: Street or R.R. 9776 W. Washington 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 female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Archibald S. Webster
   Residence of father (if deceased so state): deceased
   Birthplace of father (State or foreign country): Tenn.
9. Full maiden name of mother: Minnie Silvey
   Residence of mother (if deceased so state): Clinton, Tenn.
   Birthplace of mother (State or foreign country): Tenn.

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

Signed Charles F. Webster
New Address 414 Crandon Dr. Indpls.

Subscribed and sworn to before me this 6 day of Nov., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Ann Last Krzan
Date of Birth: Month July Day 4 Year 1939
Place of Birth (State or foreign country) Pa.
Residence Address: Street or R.R. 9776 W. Washington 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: William Pavlisko
   Residence of father (if deceased so state): Olyphant, Pa.
   Birthplace of father (State or foreign country): Czechoslovakia
9. Full maiden name of mother: Mary Lazar
   Residence of mother (if deceased so state): Olyphant, Pa
   Birthplace of mother (State or foreign country): Pa

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

Signed Joan A. Krzan
New Address 414 Crandon Dr. Indpls.

Subscribed and sworn to before me this 6 day of Nov., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued 9 day Nov. 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* 6 *day of* Nov., 19 81, *authorizing the joining together as husband and wife* Charles F. Webster *and* Joan Ann Krzan

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* Nov., *one thousand nine hundred and* 81, *State of Indiana, Groom* Charles F. Webster *at* Hendricks, *County of* Hendricks, *and, Bride* Joan Ann Krzan *of* Hendricks *County, State of* IN, *of* Hendricks *County, State of* IN, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 7 *day of* Nov., 19 81.

Signed John J. Mowrer
Official Designation Judge

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

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 571

File

11-6-81
Date of Application

MALE
Medical Examination Report Dated 11-6-81
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 11-6-81
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 Lance Middle Carl Last Mitchell

Date of Birth: Month 6 Day 21 Year 1959

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

Residence Address: Street or R. R. PO Box 107 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 Howard F Mitchell
   Residence of father (if deceased so state) Clayton Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary J Edmonson
   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 Lance C. Mitchell

New Address Same

Subscribed and sworn to before me this 6 day of Nov, 1981.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Liebe Middle Linnett Last Gregory

Date of Birth: Month 12 Day 30 Year 1960

Place of Birth (State or foreign country) Munich Bavaria Germany

Residence Address: Street or R. R. PO Box 107 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 Robt. A. Gregory
   Residence of father (if deceased so state) North Salem Ind.
   Birthplace of father (State or foreign country) Indpls Ind.
9. Full maiden name of mother Joy More
   Residence of mother (if deceased so state) North Salem, 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 Liebe L. Gregory

New Address Same

Subscribed and sworn to before me this 6 day of Nov., 1981.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 10 *day of* November, 19 81, *authorizing the joining together as husband and wife* Lance Carl Mitchell *and* Liebe Linnett Gregory

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

I, Faris D Franz *hereby certify that on the* 21 *day of* November, *one thousand nine hundred and* 81 *at* Clayton, *County of* Hendricks *State of Indiana, Groom* Lance Carl Mitchell *of* Hendricks *County, State of* Indiana *and, Bride* Liebe Linnett Gregory *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* November, 19 81.

Signed Faris D. Franz

Official Designation Pastor

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

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 572

File

November 12, 1981
Date of Application

MALE
Medical Examination Report Dated 11-7-81
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 11-7-81
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 Charles Middle R. Last Smith
Date of Birth: Month June Day 28 Year 1931
Place of Birth (State or foreign country): Hendricks Co. Ind
Residence Address: Street or R. R. 4230 E. Main St. City Danville County State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Milton Smith
   Residence of father (if deceased so state): Speedway In.
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Ola Edith Hughes
   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 Charles R. Smith
New Address 502 Harlan St.
Subscribed and sworn to before me this 12 day of November, 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Nancy Middle L. Last Wheeler
Date of Birth: Month March Day 5 Year 1936
Place of Birth (State or foreign country): Delphi Marion In.
Residence Address: Street or R. R. 502 Harlan 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 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.
   Erica Heather
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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 Cecil Gray
   Residence of father (if deceased so state): deceased
   Birthplace of father (State or foreign country): Morgan Co. In.
9. Full maiden name of mother: Fern Lily Nestor
   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 Nancy L. Wheeler
New Address 502 Harlan
Subscribed and sworn to before me this 12 day of November, 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 16 *day of* November, 19 81, *authorizing the joining together as husband and wife* Charles R. Smith *and* Nancy L. Wheeler

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

I, John C. Mowrer *hereby certify that on the* 23rd *day of* November, *one thousand nine hundred and* 81, *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Charles R. Smith *of* Hendricks *County, State of* Indiana *and, Bride* Nancy L. Wheeler *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 23rd *day of* November, 19 81.

Signed John C. Mowrer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* November, 19 81.

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 573

File

Nov 12, 1981
Date of Application

MALE
Medical Examination Report Dated Nov 2, 1981
Name of Physician T. Walker

FEMALE
Medical Examination Report Dated Nov 2, 1981
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 Edwin, Middle L., Last Wolfe
Date of Birth: Month Sept, Day 14, Year 1953
Place of Birth (State or foreign country): Lebanon, Indiana
Residence Address: Street or R. R. 640 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) Drivers Lic w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald Vern 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 Clack
   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 Ed L Wolf
New Address 640 ALPHA AVE BROWNSBURG

Subscribed and sworn to before me this 12 day of Nov, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Glenda, Middle D., Last Page
Date of Birth: Month Feb, Day 1, Year 1952
Place of Birth (State or foreign country): London, Ky.
Residence Address: Street or R. R. 640 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) 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.
   Tiffany Page 8
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George Jennings Wyatt
   Residence of father (if deceased so state) London, Ky
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Anna Verlois Webb
   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 Glenda D Page
New Address 640 Alpha Ave, Bburg.

Subscribed and sworn to before me this 12 day of Nov, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... 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 Waive and filed in John Mowere authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 12 *day of* Nov, 1981, *authorizing the joining together as husband and wife* Edwin L. Wolfe *and* Glenda D. Page

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

I, Rev. William P. Hendricks *hereby certify that on the* 4th *day of* December, *one thousand nine hundred and* 81 *at* Washington Township *County of* Hendricks, *State of Indiana, Groom* Edwin L. Wolfe *of* Hendricks *County, State of* Indiana *and, Bride* Glenda D. Page *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* November, 19 81.

Signed Rev. William P. Hendricks
Official Designation Minister, Avon Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* December, 19 81.

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 574
File 43
11-12-81
Date of Application

MALE
Medical Examination Report Dated 11-10-81
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 11-10-81
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 Walter Middle E. Last Chandler Jr.
Date of Birth: Month 2 Day 24 Year 59
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. P.O. Box 211 City North Salem County State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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.
   Zachary Charles Freeland
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Walter C. Chandler Sr.
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mertal Iphus Wolman
   Residence of mother (if deceased so state) P.O. Box 181 North Salem
   Birthplace of mother (State or foreign 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 Walter C Chandler Jr.
New Address P.O. Box 211 North Salem

Subscribed and sworn to before me this 12 day of Nov, 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 E. Last Freeland
Date of Birth: Month 10 Day 20 Year 63
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. P.O. Box 211 City North Salem County State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers Lic. Reg. Voter

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Zachary Charles Freeland
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Eugene Freeland
   Residence of father (if deceased so state) P.O. Box 437 North Salem
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Marie L. Ellis
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indpls., Ind.

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

Signed X Cindy Freeland
New Address P.O. Box 211 North Salem

Subscribed and sworn to before me this 12 day of Nov, 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 17 *day of* November, 19 81, *authorizing the joining together as husband and wife* Walter C. Chandler, Jr. *and* Cindy E. Freeland
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Earl C. Dauro *hereby certify that on the* 21 *day of* November, *one thousand nine hundred and* 81 *at* Hendricks, *County of* Hendricks, *State of Indiana, Groom* Walter C. Chandler Jr. *of* Hendricks *County, State of* Indiana *and, Bride* Cindy E. Freeland *of* Hendricks *County, State of* Indiana *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*
Dated this 21 *day of* November, 19 81.

Signed Earl C. Dauro B.D.
Official Designation Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* November, 19 81.
Signed Mary Jane Russell *Clerk*
Hendricks *Circuit Court*

Form Prescribed By
Indiana State Board of
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

Nov. 13, 1981
Date of Application

MALE
Medical Examination Report Dated 11-5-81
Name of Physician Linda Peterson

FEMALE
Medical Examination Report Dated 11-5-81
Name of Physician Linda Peterson

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Bevers
Date of Birth: Month April Day 12 Year 1951
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R.R. 150 N. Center Apt. 7, 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 Donald Bevers
   Residence of father (if deceased so state) London, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Evelyn Larkin
   Residence of mother (if deceased so state) London, 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 Larry R Bevers
New Address 150 N. Center #7 Plfield In
Subscribed and sworn to before me this 13 day of Nov., 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Shirley Middle A. Last Moorman
Date of Birth: Month Nov. Day 18 Year 45
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R.R. 150 N. Center Apt. 7, City Plainfield County, State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Dr. License

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

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

Signed Shirley A Moorman
New Address 150 N Center St Plainfield In
Subscribed and sworn to before me this 13 day of Nov., 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 18th *day of* Nov., *19* 81, *authorizing the joining together as husband and wife* Larry R Bevers *and* Shirley A. Mooreman

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

I, John Burbank *hereby certify that on the* 21 *day of* November, *one thousand nine hundred and* 81 *at* Indianapolis, *County of* Marion *State of Indiana, Groom* Larry R Bevers *of* Hendricks *County, State of* Indiana *and, Bride* Shirley A. Mooreman *of* Hendricks *County, State of* Indiana *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*

Dated this 21 *day of* November, *19* 81.

Signed John Burbank
Official Designation Minister

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

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 576

File

11-13-81
Date of Application

MALE
Medical Examination Report Dated 11-10-81
Name of Physician Michael L. Neely

FEMALE
Medical Examination Report Dated 11-10-81
Name of Physician Michael L. Neely

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

MALE APPLICANT

Name: First Ray, Middle L., Last Kappmeyer

Date of Birth: Month 11, Day 10, Year 41

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

Residence Address: 878, Street or R. R. Lincoln, City Danville, County, State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) Drivers License w/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.
   Jennifer Lynn Kappmeyer (18)
   Gregory Ray Kappmeyer (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 Leslie Kappmeyer
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indianapolis, In.
9. Full maiden name of mother Carol Margaret Wilder
   Residence of mother (if deceased so state) Port Townsend, Wash.
   Birthplace of mother (State or foreign country) Noblesville, In.

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

Signed Roy L. Kappmeyer

New Address 878 Lincoln, Danville In

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

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Cantrell

Date of Birth: Month 7, Day 6, Year 47

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

Residence Address: 878, Street or R. R. Lincoln, City Danville, County, State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) Drivers License w/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.
   Warren Douglas Cantrell (16)
   Cynthia Jane Cantrell (11)
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George Edward Arnold
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Danville, In.
9. Full maiden name of mother Elizabeth Anita Stewart
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Pittsboro, In.

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

Signed Pamela K. Cantrell

New Address 878 Lincoln Danville, In

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

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....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 May Waiver and filed in John Monroe authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 13th *day of* November, 19 81, *authorizing the joining together as husband and wife* Roy L. Kappmeyer *and* Pamela K Cantrell

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

I, Chris E. Wynn *hereby certify that on the* 14 *day of* November *one thousand nine hundred and* 81 *at* Danville, *County of* Hendricks *State of Indiana, Groom* Roy L. Kappmeyer *of* Hendricks *County, State of* Indiana *and, Bride* Pamela K. Cantrell *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* November, 19 81.

Signed Chris E Wynn

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* December, 19 81.

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 577

File

Nov 13, 1981
Date of Application

MALE
Medical Examination Report Dated 11-10-81
Name of Physician Charles Kelly

FEMALE
Medical Examination Report Dated 11-10-81
Name of Physician Charles Kelly

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

Date of Birth: Month April Day 30 Year 1953

Place of Birth (State or foreign country) Detroit Mich

Residence Address: Street or R. R. P.O. 239 City Plainfield County State Indiana

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Drivers Lic w/Pic

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

New Address RT 1 Box 239 Plainfield Ind

Subscribed and sworn to before me this 13 day of Nov, 1981.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Marie Last Williams

Date of Birth: Month June Day 7 Year 1953

Place of Birth (State or foreign country) Deerborn, Mich

Residence Address: Street or R. R. P.O. 239 City Plainfield County State Indiana

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Drivers Lic w/Pic

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

New Address R1 Box 239 Plainfield IND

Subscribed and sworn to before me this 13 day of Nov, 1981.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... 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 ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 13 *day of* Nov., 19 81, *authorizing the joining together as husband and wife* Gregory Scott Hofmann *and* Susan Marie Williams

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* Nov., *one thousand nine hundred and* 81 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Gregory S. Hofmann *of* Hendricks *County, State of* Ind. *and, Bride* Susan M. Williams *of* Hendricks *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 13 *day of* Nov., 19 81.

Signed John C. Maurer

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 16 *day of* Nov., 19 81.

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

No. 578

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

Nov 16, 1981
Date of Application

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

MALE
Medical Examination Report Dated
Name of Physician N/A

FEMALE
Medical Examination Report Dated
Name of Physician N/A

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

MALE APPLICANT

Name: First Murry, Middle A., Last Brookshear
Date of Birth: Month April, Day 25, Year 1913
Place of Birth (State or foreign country): Monroe Co. Tenn.
Residence Address: Street or R. R. RR#1 Box 309A, 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: Alfred W. Brookshear
   Residence of father (if deceased so state): deceased
   Birthplace of father (State or foreign country): Tenn.
9. Full maiden name of mother: Larinda B. Berry
   Residence of mother (if deceased so state): deceased
   Birthplace of mother (State or foreign country): Tenn

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

Signed Murray A Brookshear
New Address RR#1 Box 7a Gosport In.

Subscribed and sworn to before me this 16 day of Nov, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Evelyn, Middle Kasten, Last White
Date of Birth: Month December, Day 14, Year 1917
Place of Birth (State or foreign country): Friendsville, Tenn
Residence Address: Street or R. R. RR#1 Box 7A, City Gosport, County, State Indiana
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers Lic w/Pic

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

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

Signed Evelyn Kasten White
New Address RR#1 Box 7A Gosport Ind.

Subscribed and sworn to before me this 16 day of Nov, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 20 *day of* Nov, 19 81, *authorizing the joining together as husband and wife* Murry A. Brookshear *and* Evelyn Kasten White

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

I, John C. Mourer *hereby certify that on the* 20th *day of* November, *one thousand nine hundred and* 81, *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Murry A. Brookshear *of* Hendricks *County, State of* Indiana, *and, Bride* Evelyn Kasten White *of* Owen *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 20th *day of* November, 19 81.

Signed John C. Mourer
Official Designation Judge Hendricks Superior Court II

Filed and recorded in accordance with the laws of the State of Indiana this 23rd *day of* November, 19 81.

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 579

File 43 11-17-81

Date of Application

MALE
Medical Examination Report Dated 11-10-81
Name of Physician R. A. Hawin

FEMALE
Medical Examination Report Dated 11-10-81
Name of Physician R. A. Hawin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Everts Jr.
Date of Birth: Month 5 Day 18 Year 58
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. RR 1 City Coatesville County State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers lic (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father David F. Everts Sr.
   Residence of father (if deceased so state) RR 3 Box 157 Greencastle Ind
   Birthplace of father (State or foreign country) Ind
9. Full maiden name of mother Darlene E. Schirrill
   Residence of mother (if deceased so state) RR 3 Greencastle Ind
   Birthplace of mother (State or foreign country) Ind.

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

Signed David F. Everts Jr.
New Address RR 1 Coatesville Ind

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Denise Middle Last Dooley
Date of Birth: Month 9 Day 23 Year 58
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. RR 1 Box 57 City Coatesville County State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers lic (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Robert Dooley
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Roubell A. Wagoner
   Residence of father (if deceased so state) RR 1 Box 57 Coatesville Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary M. Fisher
   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 Denise K. Dooley
New Address RR 1 Coatesville, IN 46121

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....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 B. Dang Wagner and filed in Circuit Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 17 *day of* November, 19 81, *authorizing the joining together as husband and wife* David F. Everts *and* Denise Dooley

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

I, Howard Cupp *hereby certify that on the* 20 *day of* November, *one thousand nine hundred and* 81 *at* Coatesville, *County of* Hendricks, *State of Indiana, Groom* David F. Everts *of* Hendricks *County, State of* Indiana *and, Bride* Denise Dooley *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 20 *day of* November, 19 81.

Signed Howard Cupp
Official Designation Pastor

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

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 580
File 43
11-17-81
Date of Application

MALE
Medical Examination Report Dated 11-17-81
Name of Physician Eric Clark, M.D.

FEMALE
Medical Examination Report Dated 11-17-81
Name of Physician Eric Clark, M.D.

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

MALE APPLICANT

Name: First Frederick Middle J. Last Johns
Date of Birth: Month 3 Day 22 Year 31
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R. R. R.R. #1, Box 121 City Lizton County State Ind. 46149
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers License (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: Newton Jacob Johns
   Residence of father (if deceased so state): deceased
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Helen Louise Eggers
   Residence of mother (if deceased so state): Lizton, Indiana
   Birthplace of mother (State or foreign country): Indiana

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

Signed X Frederick J. Johns
New Address R.R. Box 121 LIZTON IND.

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

FEMALE APPLICANT

Name: First Cynthia Middle S. Last Jeffers
Date of Birth: Month 4 Day 5 Year 61
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R. R. 1931 S. Fairhurst City Wh. County Indpls. State In. 46241
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers License (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: Melvin Ray Jeffers
   Residence of father (if deceased so state): Indpls. In.
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Jasondra Jane Miller
   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 Cynthia S. Jeffers
New Address R.R. 1 Box 121 Lizton Ind.

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 24 *day of* Nov *, 19* 81*, authorizing the joining together as husband and wife* Frederick J. Johns *and* Cynthia S. Jeffers

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

I, Rev. Kenneth E. Vetters *hereby certify that on the* 5th *day of* December *, one thousand nine hundred and* 81 *at* Bartlett Chapel United Meth. *, County of* Hendricks *, State of Indiana, Groom,* Frederick J. Johns *of* Hendricks *County, State of* Indiana *, and, Bride* Cynthia S. Jeffers *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 5th *day of* December *, 19* 81

Signed Rev. Kenneth E. Vetters
Official Designation Pastor

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

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 581
File 43
Nov 17, 1981
Date of Application

MALE
Medical Examination Report Dated 11-6-81
Name of Physician R. Covani

FEMALE
Medical Examination Report Dated 11-16-81
Name of Physician David Hazzard

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

MALE APPLICANT

Name: First Edwin Middle Brent Last Rock
Date of Birth: Month July Day 18 Year 1961
Place of Birth (State or foreign country) Charleston, West Virginia
Residence Address: Street or R. R. PSC Box # 2074 City MacDill AFB County State Fla
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☑ Judicial Decree
☐ Other (Specify)

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

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

Signed Edwin Brent Rock
New Address 2901 N. Dale Mabry Apt. #2201 TAMPA, FL. 33607
Subscribed and sworn to before me this 28 day of Nov, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Craig
Date of Birth: Month May Day 26 Year 1962
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 798 N. 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 Dr. Robert Craig
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Denice Petry
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) In.

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

Signed Deborah A. Craig
New Address Tampa Fl.
Subscribed and sworn to before me this 17 day of Nov, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 21 *day of* Nov, 19 81, *authorizing the joining together as husband and wife* Edwin Brent Rock *and* Deborah Ann Craig

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

I, Steven B. Huddleston *hereby certify that on the* 28th *day of* Nov, *one thousand nine hundred and* eight, one *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Edwin Brent Rock *of* Hendricks *County, State of* Indiana *and, Bride* Deborah Ann Craig *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*

Dated this 28th *day of* Nov, 19 81.

Signed Steven B. Huddleston
Official Designation Youth Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* Nov, 19 81

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

No. 582

File

Nov. 17, 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 11-5-81
Name of Physician Eric Clark, MD.

FEMALE
Medical Examination Report Dated 11-4-81
Name of Physician Eric Clark, 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 Jon, Last Snyder
Date of Birth: Month November, Day 26, Year 1963
Place of Birth (State or foreign country): Hendricks Co. In.
Residence Address: Street or R. R. R.R. #1 Box 236 A, City Pittsboro, County, State In
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: George Snyder
   Residence of father (if deceased so state): Kentucky
   Birthplace of father (State or foreign country): Delphi Ind.
9. Full maiden name of mother: Mary Zimmerman
   Residence of mother (if deceased so state): Hesville In
   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 James Jon Snyder
New Address RR1 Box 236A Pittsboro

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this 17 day of Nov, 19 81.
Mary Jane Russell Clerk

FEMALE APPLICANT

Name: First Shari, Middle Louise, Last Roseboom
Date of Birth: Month July, Day 28, Year 1963
Place of Birth (State or foreign country): Lebanon Boone In.
Residence Address: Street or R. R. R.R. #1 Box 240 R, City Pittsboro, County, State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Gordon E. Roseboom
   Residence of father (if deceased so state): Pittsboro, In.
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Judith C. Bragg
   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 Shari Louise Roseboom
New Address RR #1, Box 236 A, Pittsboro

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 23 *day of* November, *19* 81, *authorizing the joining together as husband and wife* James Jon Snyder *and* Shari Louise Roseboom

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

I, William Charles McGraw *hereby certify that on the* 29 *day of* November *one thousand nine hundred and* 81 *at* Pittsboro, *County of* Hendricks *State of Indiana, Groom* James Jon Snyder *of* Hendricks *County, State of* Indiana *and, Bride* Shari Louise Roseboom *of* Hendricks *County, State of* Indiana *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 30 *day of* November, *19* 81.

Signed William Charles McGraw
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2 *day of* December, *19* 81.

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

No. 582

File

Nov. 17, 1981
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

MALE
Medical Examination Report Dated 11-5-81
Name of Physician Eric Clark, MD.

FEMALE
Medical Examination Report Dated 11-4-81
Name of Physician Eric Clark, 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 Jon, Last Snyder
Date of Birth: Month November, Day 26, Year 1963
Place of Birth (State or foreign country): Hendricks Co. Ind.
Residence Address: Street or R. R. R.R. #1 Box 236 A, City Pittsboro, County, State Ind.

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: George Snyder
   Residence of father (if deceased so state): Kentucky
   Birthplace of father (State or foreign country): Delphi Ind.
9. Full maiden name of mother: Mary Zimmerman
   Residence of mother (if deceased so state): Hyrville 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 James Jon Snyder
New Address RR1 Box 236A Pittsboro

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

FEMALE APPLICANT

Name: First Shari, Middle Louise, Last Roseboom
Date of Birth: Month July, Day 28, Year 1963
Place of Birth (State or foreign country): Lebanon Boone Co. Ind.
Residence Address: Street or R. R. R.R. #1 Box 240 R, City Pittsboro, County, State Ind.

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Gordon E. Roseboom
   Residence of father (if deceased so state): Pittsboro, Ind.
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Judith C. Brogg
   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 Shari Louise Roseboom
New Address RR #1, Box 236 A, Pittsboro

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

I, Mary E Snyder, hereby give my consent for my son, James Jon Snyder to marry _____.

Mary E Snyder

Subscribed and sworn to before me this 16th day of November 1981

Notary Expires: 7-16-82

Patricia K. Carroll
Notary Public
Patricia K. Carroll

Notary resides in Hendricks County, IN

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 23 *day of* November, 19 81, *authorizing the joining together as husband and wife* James Jon Snyder *and* Shari Louise Roseboom

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

I, William Charles McGraw *hereby certify that on the* 29 *day of* November *one thousand nine hundred and* 81 *at* Pittsboro, *County of* Hendricks *State of Indiana, Groom* James Jon Snyder *of* Hendricks *County, State of* Indiana *and, Bride* Shari Louise Roseboom *of* Hendricks *County, State of* Indiana *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 30 *day of* November, 19 81.

Signed William Charles McGraw
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2 *day of* December, 19 81.

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 583

File 43

11-17-81
Date of Application

MALE
Medical Examination Report Dated 11-16-81
Name of Physician D. Nichols

FEMALE
Medical Examination Report Dated 11-16-81
Name of Physician D. Nichols

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

MALE APPLICANT

Name: First Jeffrey Middle D. Last Long
Date of Birth: Month 3 Day 16 Year 63
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 1904 Hartford Ave. City Indpls. County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father David Long
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Joann Bagley
   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 Jeffrey Long
New Address 1904 HARTFORD AVE.

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 K. Last Magee
Date of Birth: Month 5 Day 31 Year 65
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 1875 Dow Jones Rd. City Pyd. 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 Dallas W. Magee
   Residence of father (if deceased so state) Pyd. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Ida M. 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 X Mary K. Magee
New Address 1904 Hartford ave

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed Dallas W. Magee Father
Signed Ida M. Magee Mother
Subscribed and sworn to before me this 18 day of Nov. 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 Supt Court by written order issued 3 Days waiting period and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 18 *day of* Nov. *, 19* 81 *, authorizing the joining together as husband and wife* Jeffrey D. Long *and* Mary K. Magee

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

I, William P. Hendricks *hereby certify that on the* 21st *day of* November *, one thousand nine hundred and* 81 *at* Washington Township *, County of* Hendricks *, State of Indiana, Groom* Jeffrey D. Long *of* Marion *County, State of* Indiana *and, Bride* Mary K. Magee *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 18th *day of* November *, 19* 81 *.*

Signed William P. Hendricks
Official Designation Pastor, Avon Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* December *, 19* 81 *.*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 584

File

Nov. 17, 1981
Date of Application

MALE
Medical Examination Report Dated 11-11-81
Name of Physician Maurice Kaufman

FEMALE
Medical Examination Report Dated 11-11-81
Name of Physician Maurice Kaufman

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 H., Last Baker
Date of Birth: Month March, Day 26, Year 1943
Place of Birth (State or foreign country): Indpls. In
Residence Address: Street or R. R. 21 Wilers Village, City Mooresville, County Morgan, State In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Elizabeth Baker
   Dorothy Baker
   George Baker
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Donald James Baker
   Residence of father (if deceased so state): Lawrence, In
   Birthplace of father (State or foreign country): Indpls. In
9. Full maiden name of mother: Opal Pauline Cassner
   Residence of mother (if deceased so state): Bainbridge, 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 Ronald H. Baker
New Address 2090 Joppa Rd Mooresville Ind

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Vivian, Middle L., Last Pickerel
Date of Birth: Month March, Day 25, Year 1935
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R. R. 2090 Joppa Rd., City Mooresville, 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: Claude W. English
   Residence of father (if deceased so state): Mooresville
   Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Martha Louella Collier
   Residence of mother (if deceased so state): Mooresville
   Birthplace of mother (State or foreign country): Indiana

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

Signed Vivian L. Pickerel
New Address 2090 Joppa Rd Mooresville Ind

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 23rd *day of* Nov., 19 81, *authorizing the joining together as husband and wife* Ronald Harry Baker *and* Vivian Lorraine Pickerel

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

I, Ray L. Link *hereby certify that on the* 25 *day of* November, *one thousand nine hundred and* 81 *at* West Newton, *County of* Marion, *State of Indiana, Groom* Ronald Harry Baker *of* Morgan *County, State of* Indiana *and, Bride* Vivian Lorraine Pickerel *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* November, 19 81.

Signed Rayl Link, Elder & Branch President
Official Designation Church of Jesus Christ of Latter Day Saints

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* December, 19 81.

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 585

File

11-18-81
Date of Application

MALE
Medical Examination Report Dated 11-10-81
Name of Physician J. Thomas Vieira

FEMALE
Medical Examination Report Dated 11-10-81
Name of Physician Thomas J. 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 Jose Middle Thomas Last Vieira Jr.
Date of Birth: Month April Day 7 Year 1959
Place of Birth (State or foreign country): Brazil, South America
Residence Address: Street or R. R. R.R. 2 Box 153 City Coatesville 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: Jose Thomas Vieira
   Residence of father (if deceased so state): Coatesville, In
   Birthplace of father (State or foreign country): Brazil, South America
9. Full maiden name of mother: Doris Conley
   Residence of mother (if deceased so state): Coatesville
   Birthplace of mother (State or foreign country): Princeton, Il

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

Signed: Thomas Vieira Jr.
New Address: Coatesville Ind Box 216

Subscribed and sworn to before me this 18 day of Nov, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 House
Date of Birth: Month August Day 29 Year 1962
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R. R. R.R. 3 Box 393 City Clayton County Hend. State In
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

Signed: Mary Jane House
New Address: PO Box 216, Coatesville, In 46121

Subscribed and sworn to before me this 18 day of Nov, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 23 *day of* Nov., 19 81, *authorizing the joining together as husband and wife* Jose Thomas Viera, Jr. *and* Mary Jane House

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

I, Rev. Wayne D. Kirett *hereby certify that on the* 28th *day of* November, *one thousand nine hundred and* 81 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Jose Thomas Viera, Jr. *of* Hendricks *County, State of* Indiana *and, Bride* Mary Jane House *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 23 *day of* November, 19 81.

Signed Wayne D. Kirett
Official Designation Rev. Pfd. Faith assembly of God

Filed and recorded in accordance with the laws of the State of Indiana this 1 *day of* December, 19 81.

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 586

File

11-18-81
Date of Application

MALE
Medical Examination Report Dated 11-10-81
Name of Physician Robert Lauden

FEMALE
Medical Examination Report Dated 11-16-81
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 Gregory, Middle Paul, Last Marquiss
Date of Birth: Month Sept, Day 4, Year 1951
Place of Birth (State or foreign country) Logansport, In
Residence Address: Street or R. R. 857 Ranesmond Ct., City Carmel, County Hamilton, State In
Previous Marital 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 Bernard Paul Marquiss
   Residence of father (if deceased so state) Carmel
   Birthplace of father (State or foreign country) Albion, In
9. Full maiden name of mother Charlene Elizabeth Brown
   Residence of mother (if deceased so state) Carmel
   Birthplace of mother (State or foreign country) Brian Ohio

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

Signed Gregory Paul Marquiss
New Address 857 Ranesmond Ct, Carmel

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 Deborah, Middle Kay, Last Campbell
Date of Birth: Month June, Day 27, Year 1958
Place of Birth (State or foreign country) Indpls. In
Residence Address: Street or R. R. 5782 Lakeland Lane, 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 w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Gordon Campbell
   Residence of father (if deceased so state) Indpls.
   Birthplace of father (State or foreign country) Indpls.
9. Full maiden name of mother Dianne Kay McPherson
   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 Deborah Kay Campbell
New Address 857 Ranesmond Ct, Carmel

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 18th *day of* November, 19 81, *authorizing the joining together as husband and wife* Gregory Paul Marquiss *and* Deborah Kay Campbell

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

I, David L. McDonald *hereby certify that on the* 21 *day of* November, *one thousand nine hundred and* 81, *at* Carmel, *County of* Hamilton, *State of Indiana, Groom* Gregory Paul Marquiss *of* Hamilton *County, State of* Indiana, *and, Bride* Deborah Kay Campbell *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 21st *day of* November, 19 81.

Signed David L. McDonald
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 1 *day of* December, 19 81.

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 587

File

11-19-81
Date of Application

MALE
Medical Examination Report Dated 11-17-81
Name of Physician David Naggard

FEMALE
Medical Examination Report Dated 11-17-81
Name of Physician David Naggard

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

MALE APPLICANT

Name: First David Middle Alan Last Bryant
Date of Birth: Month 6 Day 30 Year 1953
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address: Street or R. R. 1008 Valley View Dr. #3 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) Primus 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.
   Scott Edward Bryant
   Shawn Alan Bryant
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ralph Leroy Bryant
   Residence of father (if deceased so state) Plainfield, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Martha Victoria Neidenberger
   Residence of mother (if deceased so state) Plainfield, Ind.
   Birthplace of mother (State or foreign country) Missouri

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

Signed David Alan Bryant
New Address 1008 Valley View Drive #3 Plainfield Ind

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Marcia Middle Ann Last Ward
Date of Birth: Month 7 Day 6 Year 1949
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address: Street or R. R. 1008 Valley View Dr. #3 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) Primus 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.
   Frederick Joel Ward
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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 Jr. Ward
   Residence of father (if deceased so state) Plainfield, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Beverly Jane Parker
   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 Marcia Ann Ward
New Address 1008 Valley View Dr #3

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 24 *day of* Nov. *, 19* 81 *, authorizing the joining together as husband and wife* David Alan Bryant *and* Marcia Ann Ward

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

I, Keith H. Kirk *hereby certify that on the* 28th *day of* November *, one thousand nine hundred and* 81 *, at* Plainfield *, County of* Hendricks *State of Indiana, Groom* David Alan Bryant *of* Hendricks *County, State of* Indiana *and, Bride* Marcia Ann Ward *of* Hendricks *County, State of* Indiana *, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ..... County.*

Dated this 28th *day of* November *, 19* 81.

Signed Keith H. Kirk
Official Designation Friends Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* November *, 19* 81.

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 588
File 43
11-19-81
Date of Application

MALE
Medical Examination Report Dated 11-17-81
Name of Physician D. M. Hadley

FEMALE
Medical Examination Report Dated 11-17-81
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 Raymond Middle Scott Last Burkhardt
Date of Birth: Month 9 Day 28 Year 61
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 62 S Jefferson Apt 2 City Danville County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Raymond R. Burkhardt
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Catherine K. Rennie
   Residence of mother (if deceased so state) Deceased
   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 Raymond Scott Burkhardt
New Address 62 S. Jefferson Apt. 2 Danville
Subscribed and sworn to before me this 19 day of Nov, 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Julie Middle Ann Last Bailey
Date of Birth: Month 10 Day 20 Year 62
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. RR 2 Box 165-A 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 Clarence M. Bailey
   Residence of father (if deceased so state) Ind
   Birthplace of father (State or foreign country) Oklahoma
9. Full maiden name of mother Carol A. Bayler
   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 Julie Ann Bailey
New Address RR 2 S. Jefferson apt 2
Subscribed and sworn to before me this 19 day of Nov, 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Sup. Court by written order issued B. Dale Dawson 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* 19 *day of* Nov., 19 81, *authorizing the joining together as husband and wife* Raymond S. Burkhardt *and* Julie A. Bailey

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

I, John Caldwell *one thousand nine hundred and* 81 *hereby certify that on the* 21st *day of* November, *State of Indiana, Groom* Raymond Scott Burkhardt *at* Avon, *County of* Hendricks *and, Bride* Julie Ann Bailey *of* Hendricks *County, State of* Indiana *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 21st *day of* November, 19 81.

Signed John Caldwell
Official Designation Minister

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

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 589
File 43
11-19-81
Date of Application

MALE
Medical Examination Report Dated 10-23-81
Name of Physician J. Van Wieren

FEMALE
Medical Examination Report Dated 10-23-81
Name of Physician J. Van Wieren

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

MALE APPLICANT

Name: First Carl Middle Last Carroll
Date of Birth: Month 8 Day 12 Year 56
Place of Birth (State or foreign country) Ind
Residence Address: Street or R. R. 5430 Templin Rd. City Martinsville County State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers lic w/pict

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Everry A. Carroll
   Residence of father (if deceased so state) Martinsville Ind.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Myrtle Martin
   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 Carl Carroll
New Address 5530 TEMPLIN ROAD.
Subscribed and sworn to before me this 19 day of Nov., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Junita Middle Last Smith
Date of Birth: Month 6 Day 28 Year 61
Place of Birth (State or foreign country) Ind
Residence Address: Street or R. R. RR5 Box 118 City Danville County State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers lic w/pict

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Henry L. Smith Sr.
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Olive J. Morris
   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 Junita K. Smith
New Address Same
Subscribed and sworn to before me this 19 day of Nov., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 23 *day of* November, *19* 81, *authorizing the joining together as husband and wife* CARL CARROLL *and* JUNITA SMITH

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

I, C. GLEN BURNSIDE *hereby certify that on the* 9th *day of* JANUARY, *one thousand nine hundred and* 82 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* CARL CARROLL *of* MORGAN *County, State of* INDIANA *and, Bride* JUNITA SMITH *of* HENDRICKS *County, State of* INDIANA, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*

Dated this 9th *day of* JAN., *19* 82.

Signed CHARLES G. BURNSIDE
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 12th *day of* JANUARY, *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. 590

File

NOV. 20 1981
Date of Application

MALE
Medical Examination Report Dated 11-17-81
Name of Physician David B. Taggard

FEMALE
Medical Examination Report Dated 11-17-81
Name of Physician David B. Taggard

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

MALE APPLICANT

Name: First Carl, Middle C., Last Chance
Date of Birth: Month Aug, Day 10, Year 1952
Place of Birth (State or foreign country) Indianapolis, In
Residence Address: Street or R. R. 479 School Rd., City Pfd., County, State In.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1976 - Marion
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Reg. Card.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Albert Winfield Chance
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Charlotte Hart
   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 Carl C Chance
New Address 479 School Rd.

Subscribed and sworn to before me this 20 day of Nov., 1981.
Mary Jane Russell, Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Diana, Middle Sue, Last Sorrels
Date of Birth: Month 2, Day 13, Year 1952
Place of Birth (State or foreign country) Greencastle In
Residence Address: Street or R. R. 479 School Rd., City Pfd., County, State In.

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Fink Buchanan
   Residence of father (if deceased so state) Stilesville, In
   Birthplace of father (State or foreign country) North Carolina
9. Full maiden name of mother Clydia Alta Hampton
   Residence of mother (if deceased so state) Stilesville, In
   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 Diana Sue Sorrels
New Address 479 School Rd. Pfd.

Subscribed and sworn to before me this 20th day of Nov., 1981.
Mary Jane Russell, Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 24 *day of* Nov., 1981, *authorizing the joining together as husband and wife* Carl C. Chance *and* Diana Sue Sorrells

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

I, Gilbert L. Richey *hereby certify that on the* 25 *day of* November, *one thousand nine hundred and* 81, *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Carl C. Chance *of* Marion *County, State of* Indiana *and, Bride* Diana Sue Sorrells *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 25 *day of* November, 19 81.

Signed Gilbert L. Richey
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* November, 19 81.

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 591

File

Nov. 20, 1981
Date of Application

MALE
Medical Examination Report Dated 11-17-81
Name of Physician M. O. Scamahorn

FEMALE
Medical Examination Report Dated 11-17-81
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 Mark Middle Raymond Last Hughes

Date of Birth: Month Dec Day 17 Year 1956

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 6 Box 279 City Danville County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Dr. License

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

New Address Danville, Ind.

Subscribed and sworn to before me this 20 day of Nov., 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Veronica Middle Jean Last Doss

Date of Birth: Month July Day 4 Year 1961

Place of Birth (State or foreign country) In

Residence Address: Street or R. R. 530 Lakewood Apt B 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 Frederick L. Doss
   Residence of father (if deceased so state)
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Linda Sue Johnson
   Residence of mother (if deceased so state) Indpls. In.
   Birthplace of mother (State or foreign country) Ind.

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

Signed Veronica J. Doss

New Address Danville, Indiana

Subscribed and sworn to before me this 20 day of Nov., 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 24 *day of* Nov, *19* 81, *authorizing the joining together as husband and wife* MARK RAYMOND HUGHES *and* VERONICA JEAN DOSS

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

I, DEWEY A. THACKSTON *hereby certify that on the* 5th *day of* Dec, *one thousand nine hundred and* 81 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* MARK R. HUGHES *of* HENDRICKS *County, State of* INDIANA *and, Bride* VERONICA JEAN DOSS *of* MARION *County, State of* INDIANA, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*

Dated this 5th *day of* DEC, *19* 81.

Signed DEWEY A. THACKSTON

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 15th *day of* Dec, *19* 81

Signed MARY JANE RUSSELL *Clerk*

HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 592

File

11-20-81 Date of Application

MALE
Medical Examination Report Dated 11-18-81
Name of Physician Mark Jackson

FEMALE
Medical Examination Report Dated 11-16-81
Name of Physician Steven J. Beltz

ALL QUESTIONS MUST BE ANSWERED I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Gordon, Last Kreyling
Date of Birth: Month 9, Day 17, Year 1951
Place of Birth (State or foreign country): Indianapolis, In.
Residence Address: Street or R. R. 1218 N. Griswold Rd., City Indpls., County, State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Cristina 8yrs.
   Stacy 6yrs.
   Amy & Angela - 4yrs.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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 George Kreyling
   Residence of father (if deceased so state): Indpls. In.
   Birthplace of father (State or foreign country): Kentucky
9. Full maiden name of mother: Lois May Berry
   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 Joseph G. Kreyling
New Address 1218 N. Griswold Rd. Indpls 46234

Subscribed and sworn to before me this 20 day of Nov., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Lynn, Last Francis
Date of Birth: Month 9, Day 17, Year 1953
Place of Birth (State or foreign country): Oklahoma City Okla.
Residence Address: Street or R. R. 7786 Wyckford Ct., 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) Cal. 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: George Franklin Wright
   Residence of father (if deceased so state): Indpls. In.
   Birthplace of father (State or foreign country): Okla.
9. Full maiden name of mother: Bettie Lee Jeter
   Residence of mother (if deceased so state): Indpls. In
   Birthplace of mother (State or foreign country): Okla.

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

Signed Dianna Lynn Francis
New Address 1218 N. Griswold Rd. Indpls 46234

Subscribed and sworn to before me this 20 day of Nov., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24 day of Nov., 19 81, authorizing the joining together as husband and wife Joseph Gordon Kreyling and Dianna Lynn Francis.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Paul L. Channels hereby certify that on the 28 day of November, one thousand nine hundred and 81, at Speedway, County of Marion, State of Indiana, Groom Joseph Gordon Kreyling of Hendricks County, State of Indiana, and, Bride Dianna Lynn Francis 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 28 day of November, 19 81.

Signed Paul L. Channels
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of December, 19 81.
Signed Mary Jane Russell Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 593

File

Nov. 20, 1981
Date of Application

MALE
Medical Examination Report Dated 11-17-81
Name of Physician Larry Bachle

FEMALE
Medical Examination Report Dated 11-17-81
Name of Physician Larry 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 Michael Middle E. Last Moloy

Date of Birth: Month June Day 23 Year 1958

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 104 Oakhurst City Brownsburg County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Dr. License

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

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

New Address BOX 104 OAKHURST

Subscribed and sworn to before me this 20 day of Nov, 1981.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Elaine Last Bosell

Date of Birth: Month Aug Day 11 Year 1951

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 104 Oakhurst City Brownsburg County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify)

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

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

New Address 104 Oakhurst

Subscribed and sworn to before me this 20 day of Nov., 1981.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 24 *day of* Nov., 1981, *authorizing the joining together as husband and wife* Michael E [redacted] Moloy *and* Susan Elaine Bosell

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

I, Jerry R. Nash *hereby certify that on the* 28th *day of* November, *one thousand nine hundred and* 81 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Michael E Moloy *of* Hendricks *County, State of* Indiana *and, Bride* Susan Elaine Bosell *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

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

Signed Jerry R. Nash

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* November, *19* 81.

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 594

File

11-23-81
Date of Application

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

MALE
Medical Examination Report Dated 11-16-81
Name of Physician James Black MD

FEMALE
Medical Examination Report Dated 11-16-81
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 Randell, Middle J., Last Buckholtz
Date of Birth: Month 4, Day 22, Year 1956
Place of Birth (State or foreign country): Mil. Wisconsin
Residence Address: Street or R. R. RR #1 Box 214 B, City Pittsboro, County, State In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) #148-56-07094

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

New Address

Subscribed and sworn to before me this 23 day of Nov., 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Denise, Last King
Date of Birth: Month 3, Day 4, Year 1959
Place of Birth (State or foreign country): Indianapolis, In.
Residence Address: Street or R. R. RR #1 Box 214 B, City Pittsboro, County, State In
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) #2663

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

New Address

Subscribed and sworn to before me this 23 day of Nov., 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 2 *day of* Dec., 19 81, *authorizing the joining together as husband and wife* Randall J. Buckholtz *and* Susan Denise King

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

I, James A. Jones *hereby certify that on the* 5th *day of* December, *one thousand nine hundred and* 81 *at* Brownsburg, *County of* Hendricks *State of Indiana, Groom* Randall J. Buckholtz *of* Hendricks *County, State of* Indiana *and, Bride* Susan Denise King *of* Hendricks *County, State of* Indiana *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 5th *day of* December, 19 81.

Signed James A. Jones

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 8 *day of* December 19 81.

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 595

File

Nov. 24, 1981
Date of Application

MALE
Medical Examination Report Dated 11-20-81
Name of Physician Michael Perkey

FEMALE
Medical Examination Report Dated 11-20-81
Name of Physician Michael Perkey

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

Date of Birth: Month Feb. Day 21 Year 1951

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. St Rd 267 City Brownsburg County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Wan Schooler
   Jean Dean Schooler
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lloyd Schooler
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Mary Highshue
   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 x Donald Dean Schooler

New Address 505 S. Jefferson

Subscribed and sworn to before me this 24 day of Nov., 1981.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Phyllis Middle Jean Last Dickerson

Date of Birth: Month May Day 19 Year 1945

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 505 S. Jefferson City Brownsburg County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

New Address 505 S. Jefferson St.

Subscribed and sworn to before me this 24 day of Nov., 1981.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 30 *day of* Nov *, 19*81*, authorizing the joining together as husband and wife* Donald Dean Schooler *and* Phyllis Jean Dickerson

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

I, Howard Capps *hereby certify that on the* 4th *day of* December, *one thousand nine hundred and* 81 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Donald Dean Schooler *of* Hendricks *County, State of* Indiana *and, Bride* Phyllis Jean Dickerson *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 4th *day of* December, *19*81.

Signed Mary Jane Russell

Official Designation Pastor, Hadley Friends

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

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 596

File

11-25-81
Date of Application

MALE
Medical Examination Report Dated 11-18-81
Name of Physician Largaespada

FEMALE
Medical Examination Report Dated 11-18-81
Name of Physician Largaespada

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

MALE APPLICANT

Name: First Donald Middle Eugene Last Hutchens
Date of Birth: Month 11 Day 12 Year 1952
Place of Birth (State or foreign country) Richmond Ind.
Residence Address: Street or R. R. 420 Kimberly 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 Donald L. Hutchens
   Residence of father (if deceased so state) Hagerstown, Ind.
   Birthplace of father (State or foreign country) Carlos, Ind
9. Full maiden name of mother Frances Lee Carrico
   Residence of mother (if deceased so state) Richmond Ind
   Birthplace of mother (State or foreign country) Galax, Va.

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

Signed Donald E. Hutchens
New Address 420 Kimberly Lane Plainfield
Subscribed and sworn to before me this 25 day of Nov., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Barbara Middle Jean Last Wilkinson
Date of Birth: Month 1 Day 3 Year 1961
Place of Birth (State or foreign country) Pennsylvania
Residence Address: Street or R. R. 420 Kimberly 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 Vincent A. Wilkinson
   Residence of father (if deceased so state) Indpls Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Edith Arlene Cook
   Residence of mother (if deceased so state) Plfd. Ind.
   Birthplace of mother (State or foreign country) Daniels W. Va.

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

Signed Barbara Jean Wilkinson
New Address 420 Kimberly Lane Plainfield
Subscribed and sworn to before me this 25 day of Nov., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 30 *day of* Nov *,* 19 81 *, authorizing the joining together as husband and wife* Donald E. Hutchens *and* Barbara J. Wilkinson

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

I, Larry Lilly *hereby certify that on the* 4th *day of* December *, one thousand nine hundred and* 81 *at* Avon *, County of* Hendricks *State of Indiana, Groom* Donald E. Hutchens *of* Hendricks *County, State of* Indiana *and, Bride* Barbara J. Wilkinson *of* Hendricks *County, State of* Indiana *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*

Dated this 4th *day of* December *,* 19 81.

Signed Larry Lilly
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 8 *day of* December *,* 19 81.

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 597

File

11-25-81
Date of Application

MALE
Medical Examination Report Dated 11-25-81
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 11-25-81
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 Albert Middle Turner Last Brown, Jr.
Date of Birth: Month July Day 30 Year 1963
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 1549 S. Lynhurst City Indpls County Marion State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Albert T Brown Sr.
   Residence of father (if deceased so state)
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Norma J. Cooper
   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 Albert T. Brown Jr.
New Address 637 Beech Dr. West

Subscribed and sworn to before me this 25 day of Nov., 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Jenny Middle Lou Last Cummings
Date of Birth: Month May Day 28 Year 1963
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 637 Beech Dr. W. 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 Jerald R. Cummings
   Residence of father (if deceased so state) Plainfield In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Betty L. Acton
   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 Jenny Lou Cummings
New Address 637 Beech Dr. W.

Subscribed and sworn to before me this 25 day of Nov., 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 30 *day of* Nov., 19 81, *authorizing the joining together as husband and wife* Albert Turner Brown Jr. *and* Jenny Lou Cummings

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

I, James T. Douglas *hereby certify that on the* 5th *day of* December, *one thousand nine hundred and* 81 *at* Bridgeport, *County of* ~~Hendricks~~ Marion *State of Indiana, Groom* Albert Turner Brown *of* ~~Hendricks~~ Marion *County, State of* Indiana *and, Bride* Jenny Lou Cummings *of* Hendricks *County, State of* Indiana *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 5 *day of* December, 19 81.

Signed James T. Douglas
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 8 *day of* December, 19 81.

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 594

File

11-30-81
Date of Application

MALE
Medical Examination Report Dated 11-24-81
Name of Physician Ronald K. Stegemoller

FEMALE
Medical Examination Report Dated 11-24-81
Name of Physician Ronald K. Stegemoller

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

MALE APPLICANT

Name: First Keith Middle A. Last Miner

Date of Birth: Month 7 Day 23 Year 1960

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. RR 2 Box 316 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 Orle Miner
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Patricia Belle Pratt
   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 Keith A Miner

New Address RR 2 Box 316 Danville

Subscribed and sworn to before me this 30 day of Nov., 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Catherine Middle Last Butler

Date of Birth: Month 9 Day 3 Year 1958

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 84 W. Poplar 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 Guy Gene Butler
   Residence of father (if deceased so state) Unknown
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Sidney Jane Earhardt
   Residence of mother (if deceased so state) Danville Ind.
   Birthplace of mother (State or foreign country) Ohio

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

Signed x Cathy Butler

New Address R 2 Box 316 Danville

Subscribed and sworn to before me this 30 day of Nov., 19 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana, dated the* 4 *day of* Dec *, 19* 81 *, authorizing the joining together as husband and wife* Keith A. Miner *and* Catherine Butler

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

I, Dr. Albert W. D. Parker *hereby certify that on the* 5 *day of* December *, one thousand nine hundred and* 81 *, at* Danville *, County of* Hendricks *State of Indiana, Groom* Keith A. Miner *of* Hendricks *County, State of* Indiana *and, Bride* Catherine Butler *of* Hendricks *County, State of* Indiana *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 5 *day of* December *, 19* 81 *.*

Signed Dr. Albert Parker

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* December *, 19* 81 *.*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 599

File

12-1-81
Date of Application

MALE
Medical Examination Report Dated 11-6-81
Name of Physician Vieira

FEMALE
Medical Examination Report Dated 11-6-81
Name of Physician 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 Jeffrey Middle Lyle Last Waggoner

Date of Birth: Month 11 Day 28 Year 61

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

Residence Address: Street or R. R. R.R. #2 City Coatesville 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 female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Earl Waggoner
   Residence of father (if deceased so state) Coatesville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Thelma Louise White
   Residence of mother (if deceased so state) Coatesville, In.
   Birthplace of mother (State or foreign country) Indiana

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

× Signed Jeffrey Lyle Waggoner
New Address R.R. #2, Coatesville, In.

Subscribed and sworn to before me this 1 day of Dec., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Cindy Middle Lou Last Schilling

Date of Birth: Month 11 Day 24 Year 60

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

Residence Address: Street or R. R. RR. #1, Box 222 City Coatesville County Hnd. State In. 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)

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

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

× Signed Cindy Lou Schilling
New Address R.R. #2, Coatesville, In.

Subscribed and sworn to before me this 1 day of Dec., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 5 *day of* December, 19 81, *authorizing the joining together as husband and wife* Jeffrey Lyle Waggoner *and* Cindy Lou Schilling

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

I, Frank Burns *hereby certify that on the* 5 *day of* Dec., *one thousand nine hundred and* 81 *at* Coatesville, *County of* Hendricks, *State of Indiana, Groom* Jeffrey L. Waggoner *of* Hendricks *County, State of* Indiana *and, Bride* Cindy L. Schilling *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* Dec., 19 81.

Signed Frank Burns
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 16 *day of* Dec, 19 81.

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 600
File 43
12-1-81
Date of Application

MALE
Medical Examination Report Dated 11-30-81
Name of Physician D. Hosier

FEMALE
Medical Examination Report Dated 11-30-81
Name of Physician D. Hosier

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

MALE APPLICANT

Name: First William; Middle J.; Last Wagner
Date of Birth: Month 3; Day 17; Year 44
Place of Birth (State or foreign country): Ind.
Residence Address: Street or R. R. 30 Dunsing Trail; City; County Danville; State Ind.
Previous 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.
   Bradford Scott
   April N.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: William J. Wagner Sr.
   Residence of father (if deceased so state): Indpls. Ind.
   Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Delores J. Hart
   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 Eldon S. Wagner
New Address 30 Dunsing Trail, Danville Ind.

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Shelley; Middle J.; Last Berlin
Date of Birth: Month 7; Day 7; Year 49
Place of Birth (State or foreign country): Ind.
Residence Address: Street or R. R. 230 Enderby Ave; 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/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.
   Kenneth R.
   Michael T.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 David Cartwright
   Residence of father (if deceased so state): Darlington
   Birthplace of father (State or foreign country): Ill.
9. Full maiden name of mother: Joan Dale Spurr
   Residence of mother (if deceased so state): Miami Fla.
   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 Shelley Jean Berlin
New Address 30 Dunsing Trail Danville

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 7 *day of* Dec, 1981, *authorizing the joining together as husband and wife* William L. Wagner *and* Shelley J. Berlin. *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, Myron Barnard *hereby certify that on the* 11 *day of* December, *one thousand nine hundred and* 81, *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* William L. Wagner *of* Marion *County, State of* Indiana, *and, Bride* Shelley J. Berlin *of* Marion *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*

Dated this 11 *day of* December, 1981.

Signed Myron Barnard
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 14 *day of* December, 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. 601

File

12-1-81
Date of Application

MALE
Medical Examination Report Dated 11-27-81
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 11-27-81
Name of Physician A. N. Scudder

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

MALE APPLICANT

Name: First James; Middle Eugene; Last Spears
Date of Birth: Month August; Day 16; Year 1938
Place of Birth (State or foreign country): Indpls
Residence Address: Street or R. R. P.O. Box 193; City Danville; County Hend; State In
Previous Marital Status: Never Married ☐ OR ☑
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) drivers lic/w picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ralph Eugene Spears
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Thompkinsville, Ky
9. Full maiden name of mother Katherine Lucille Ficklin
   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 James E. Spears
New Address P.O. Box 193 Danville Ind

Subscribed and sworn to before me this 1st day of Dec., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Shirley; Middle Sue; Last Davis
Date of Birth: Month May; Day 9; Year 1938
Place of Birth (State or foreign country): Fulton
Residence Address: Street or R. R. 19 Northern Drive; City Bburg; County Hend.; State In
Previous Marital Status: Never Married ☐ OR ☑
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) drivers lic/w picture

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

Subscribed and sworn to before me this 1st day of December 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 7 *day of* Dec, 1981, *authorizing the joining together as husband and wife* James Eugene Spears *and* Shirley Sue Davis

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

I, Jerry R. Nash *hereby certify that on the* 20 *day of* December, *one thousand nine hundred and* 81 *at* Brownsburg, *County of* Hendricks *State of Indiana, Groom* James Eugene Spears *of* Hendricks *County, State of* Indiana, *and, Bride* Shirley Sue Spears *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 20 *day of* December, 19 81.

Signed Jerry R. Nash
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* December, 19 81.

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 602

File

Dec. 4, 1981
Date of Application

MALE
Medical Examination Report Dated 11-30-81
Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated 11-30-81
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 Hughie Middle T. Last Corrigan
Date of Birth: Month Oct Day 17 Year 1958
Place of Birth (State or foreign country) Ill.
Residence Address: Street or R. R. 9825 W. Washington City Indpls. County Hend. State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Dr. License

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

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

Signed Hughie T Corrigan
New Address 9825 W. Wash St. Indpls In 46231

Subscribed and sworn to before me this 1 day of Dec, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Deborah Middle L. Last Long
Date of Birth: Month July Day 21 Year 1954
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 9825 W. Washington City Indpls County Hend. State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Melissa Long
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 W. Ray
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Iva Harris
   Residence of mother (if deceased so state) Indpls.
   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 Deborah L. Long
New Address 9825 W. Wash. St Indpls In 46231

Subscribed and sworn to before me this 1 day of Dec, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 5 *day of* Dec. *, 19* 81 *, authorizing the joining together as husband and wife* Hughie T. Corrigan *and* Deborah L Long *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, Rev. Harvey O. Coffey *hereby certify that on the* 5 *day of* December *, one thousand nine hundred and* 81 *, at* Mooresville *, County of* Morgan *State of Indiana, Groom* Hughie T. Corrigan *of* Hendricks *County, State of* Indiana *and, Bride* Deborah L Long *of* Hendricks *County, State of* Indiana *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*

Dated this 5 *day of* December *, 19* 81.

Signed Harvey O. Coffey
Official Designation Pres. Church of the Gospel

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* December *, 19* 81.

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 603

File

Dec 2, 1981
Date of Application

MALE
Medical Examination Report Dated 11-25-81
Name of Physician Bruce E. Beatty

FEMALE
Medical Examination Report Dated 11-25-81
Name of Physician Bruce E. Beatty

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

MALE APPLICANT

Name: First Terry Middle E. Last Leep
Date of Birth: Month 10 Day 2 Year 1951
Place of Birth (State or foreign country) Indpls, Ind.
Residence Address: Street or R. R. 120 Williams Dr. Apt. F 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/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.
   Shawn Kevin Leep
   Jennifer Renee Leep
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ray Leep
   Residence of father (if deceased so state) Indpls., Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Lou Demaree
   Residence of mother (if deceased so state) Plainfield
   Birthplace of mother (State or foreign country) Indiana

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

Signed Terry E. Leep
New Address 1040 Norman Rd, Brownsburg, Ind, 46112

Subscribed and sworn to before me this 2 day of Dec, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 S. Last Miller
Date of Birth: Month 3 Day 7 Year 1948
Place of Birth (State or foreign country) Crawfordsville, Ind.
Residence Address: Street or R. R. 1040 Norman Rd. 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/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.
   Brandon James Miller
   Tiffany Suzanne Miller
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Carl Rex Shelton
   Residence of father (if deceased so state) Brownsburg, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Frances Joan Cook
   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 Linda S. Miller
New Address 1040 Norman Rd. Brownsburg, In. 46112

Subscribed and sworn to before me this 2 day of Dec, 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE.

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 7 *day of* Dec, 1981, *authorizing the joining together as husband and wife* TERRY E. LEEP *and* LINDA S. MILLER

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

I, JERRY R. NASH *hereby certify that on the* 12th *day of* Dec., *one thousand nine hundred and* 81 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* TERRY E. LEEP *of* HENDRICKS *County, State of* INDIANA, *and, Bride* LINDA S. MILLER *of* HENDRICKS *County, State of* INDIANA, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*

Dated this 12th *day of* Dec, *19* 81.

Signed JERRY R. NASH
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 15th *day of* Dec, *19* 81.

Signed MARY JANE RUSSELL *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 604

File

Dec. 7, 1981
Date of Application

MALE
Medical Examination Report Dated Nov. 30, 1981
Name of Physician M. O. Scamahorn

FEMALE
Medical Examination Report Dated Nov. 30, 1981
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: Carl Middle: J. Last: Brown
Date of Birth — Month: May Day: 7 Year: 1962
Place of Birth (State or foreign country): Washington, In.
Residence Address — Street or R. R.: 9880 W. 10th St. 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) # 113634

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

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

Signed Carl T. Brown
New Address 9880 W 10th LOT 21E Indls, In.
Subscribed and sworn to before me this 7th day of Dec., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name — First: Laura Middle: A. Last: Roberson
Date of Birth — Month: 9 Day: 8 Year: 1961
Place of Birth (State or foreign country): Indianapolis In.
Residence Address — Street or R. R.: 6045 Melbourne Rd. 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 113 # 61-078897
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 M. Roberson
   Residence of father (if deceased so state): Indpls. In.
   Birthplace of father (State or foreign country): Kentucky
9. Full maiden name of mother: Alice M. Shepard
   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 Laura Roberson
New Address 9880 W 10th Lot 21E Indpls In
Subscribed and sworn to before me this 7th day of Dec., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 11 *day of* December, 19 81, *authorizing the joining together as husband and wife* Carl Thomas Brown *and* Laura Ann Roberson.

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

I, Rev. John M. Hall *hereby certify that on the* 12 *day of* Dec., *one thousand nine hundred and* 81, *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Carl Thomas Brown *of* Hendricks *County, State of* Ind. *and, Bride* Laura Ann Roberson, *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 11 *day of* Dec., 19 81.

Signed Rev. John M. Hall
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 18 *day of* Dec, 19 81.

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 605

File

Dec. 7, 1981
Date of Application

MALE
Medical Examination Report Dated Age
Name of Physician

FEMALE
Medical Examination Report Dated age waiver
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: Newell Middle: M Last: Gentry
Date of Birth — Month: August Day: 15 Year: 1905
Place of Birth (State or foreign country): Brownsburg, Indiana
Residence Address — Street or R. R.: 1024 White 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) 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: Loren Lee Gentry
   Residence of father (if deceased so state): deceased
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Lou Ellen West
   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 Newell M. Gentry
New Address same as above
Subscribed and sworn to before me this 7 day of Dec, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name — First: Grace Middle: L Last: Hayden
Date of Birth — Month: October Day: 19 Year: 1905
Place of Birth (State or foreign country): Monroe Co. Ky.
Residence Address — Street or R. R.: 331 Memorial Dr City: Mooresville, County: State: Indiana
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers 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: Henry Bruce Gibbs
   Residence of father (if deceased so state): deceased
   Birthplace of father (State or foreign country): Ky
9. Full maiden name of mother: Nanny Bell Lawson
   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 Grace L. Hayden
New Address 1024 White Ave.
Subscribed and sworn to before me this 7 day of Dec, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 11 *day of* Dec, 19 81, *authorizing the joining together as husband and wife* Newell M. Gentry *and* Grace L. Hayden

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

I, Dennis L. Dodson *hereby certify that on the* 19th *day of* December, *one thousand nine hundred and* 81 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Newell M. Gentry *of* Hendricks *County, State of* Indiana *and, Bride* Grace L. Hayden *of* Morgan *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*

Dated this 11th *day of* December, 19 81.

Signed Rev. Dennis Dodson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* December, 19 81.

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 606

File

12-7-81
Date of Application

MALE
Medical Examination Report Dated 12-1-81
Name of Physician J. Viera

FEMALE
Medical Examination Report Dated 12-1-81
Name of Physician J. Viera

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 C. Last Clayton
Date of Birth: Month March Day 13 Year 1929
Place of Birth (State or foreign country): Lynchburg, Va
Residence Address: Street or R. R. 9880 W. 10th Lot 20-1 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 Albert A. Clayton
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Va.
9. Full maiden name of mother Ruby Galliger
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Va.

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

Signed Roy C. Clayton
New Address Same →

Subscribed and sworn to before me this 7 day of Dec, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 A. Last Ellis
Date of Birth: Month June Day 2 Year 1945
Place of Birth (State or foreign country) Bluefield, Va
Residence Address: Street or R. R. 9880 W 10th City Indianapolis County Ind. State Ind
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers 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.
   Deborah Ellis 16 Rhonda Ellis 10
   Kevin Ellis 14
   David Ellis 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 William F. Boyter
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) W. Va.
9. Full maiden name of mother Ollie J. Puckett
   Residence of mother (if deceased so state) Fillmore, In
   Birthplace of mother (State or foreign country) Va

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

Signed Judith A. Ellis
New Address 9880 W. 10th Lot 20-1 Indpls 46

Subscribed and sworn to before me this 7 day of Dec, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 11 *day of* Dec. 81, *19*....., *authorizing the joining together as husband and wife* ROY C. CLAYTON *and* JUDITH A ELLIS

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

I, REV. JAMES D. CLAYTON *hereby certify that on the* 12th *day of* Dec., *one thousand nine hundred and* 81, *at* INDPLS., *County of* HENDRICKS, *State of Indiana, Groom* ROY C CLAYTON *of* HENDRICKS *County, State of* INDIANA *and, Bride* JUDITH A. ELLIS *of* HENDRICKS *County, State of* INDIANA, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*

Dated this 12th *day of* Dec, *19* 81.

Signed REV JAMES D. CLAYTON
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 15th *day of* Dec, *19* 81

Signed MARY JANE RUSSELL *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 607

File

Dec. 4, 1981
Date of Application

MALE
Medical Examination Report Dated 11-23-81
Name of Physician Timothy Nichols

FEMALE
Medical Examination Report Dated 11-24-81
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 Richard Middle Paul Last Erwin, Jr.
Date of Birth: Month Aug Day 23 Year 1959
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 2337 E Lake of Lanterns 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 Richard Paul Erwin, Sr.
   Residence of father (if deceased so state) Shoals, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Sharon Harding
   Residence of mother (if deceased so state) Avon, In. Home Alone
   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 Richard P. Erwin JR.
New Address 2337 E Lake of Lantern
Subscribed and sworn to before me this 4 day of Dec, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Lisa Middle Marie Last Lewis
Date of Birth: Month Aug Day 29 Year 1964
Place of Birth (State or foreign country) Ky
Residence Address: Street or R. R. 2337 E Lake of Lanterns 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 Elijah Lewis
   Residence of father (if deceased so state) Snapps. In.
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Eleanor Holcomb
   Residence of mother (if deceased so state) Snapps In.
   Birthplace of mother (State or foreign country) Tenn.

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

Signed Lisa M. Lewis
New Address 2337 E. Lake of Lant. Dr.
Subscribed and sworn to before me this 4 day of Dec, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed Elijah Lewis Father
Signed Eleanor Lewis Mother
Subscribed and sworn to before me this 4 day of Dec, 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 ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Dec, 19 81, *authorizing the joining together as husband and wife* Richard Paul Erwin, Jr. *and* Lisa Marie Lewis

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

I, Earl T. Bonham *hereby certify that on the* 19th *day of* December, *one thousand nine hundred and* 81 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Richard Paul Erwin *of* Marion *County, State of* Indiana *and, Bride* Lisa Marie Lewis *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 9th *day of* December, 19 81.

Signed Earl T. Bonham
Official Designation Methodist Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* December, 19 81.

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 658

File Dec. 9, 1981
Date of Application

MALE
Medical Examination Report Dated Nov. 11, 1981
Name of Physician Stigemoller

FEMALE
Medical Examination Report Dated Nov. 11, 1981
Name of Physician Stigemoller

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

MALE APPLICANT

Name: First Marvin Middle C. Last Lacy
Date of Birth: Month 4 Day 16 Year 15
Place of Birth (State or foreign country): Kentucky
Residence Address: Street or R. R. P.O. Box 31004 City Bridgeport County State In. 46231
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers 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 Grover Cleveland Lacy
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Flossy B. Barden
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Kentucky

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

Signed X Marvin C Lacy
New Address P O Box 31 004 Bridgeport Ind
Subscribed and sworn to before me this 9th day of December, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Imogene Middle Last Neal
Date of Birth: Month 6 Day 27 Year 28
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R. R. 4449 E. Main City Plainfield County State In. 46122
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers 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 Otis Theodore Williams
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Anna Marie Lucas
   Residence of mother (if deceased so state) 840 S. Dennison 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 X Lola Imogene Neal
New Address 4449 E Main Plainfield In
Subscribed and sworn to before me this 9th day of December, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 14 *day of* Dec, 19 81, *authorizing the joining together as husband and wife* Marvin E. Lacy *and* Imogene Neal

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

I, Kenneth E. Vetters *hereby certify that on the* 24th *day of* December, *one thousand nine hundred and* 81, *at* Bartlett Chapel United Meth *County of* Hendricks, *State of Indiana, Groom* Marvin C. Lacy *of* Marion *County, State of* Indiana, *and, Bride* Lola Imogene Neal *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 24 *day of* December, 19 81.

Signed Rev. Kenneth E. Vetters
Official Designation Pastor

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

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Re-Marriage

No. 609

File

12-9-81
Date of Application

MALE
Medical Examination Report Dated Jan 8, 1982
Name of Physician Thomas Jones

FEMALE
Medical Examination Report Dated 11-18-81
Name of Physician Larry D. Lovall

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

MALE APPLICANT

Name: First Lloyd Middle Last Potter
Date of Birth: Month Jan Day 2 Year 1954
Place of Birth (State or foreign country): Inglstat Germany
Residence Address: Street or R. R. P.O. Box 32 City Amo 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) Armed Forces

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

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

Signed Lloyd Potter
New Address P.O. Box 32 Amo IN

Subscribed and sworn to before me this 8 day of Jan, 1982
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 D. Last Potter
Date of Birth: Month May Day 24 Year 1957
Place of Birth (State or foreign country): Greencastle, In.
Residence Address: Street or R. R. P.O Box 32 City Amo County State In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers Licence w/ # 317-56-3668

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

Subscribed and sworn to before me this 9th day of Dec., 1981
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 8 *day of* Jan, 19 82, *authorizing the joining together as husband and wife* Lloyd Potter *and* Debra D. Potter

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

I, Jerry M. Kessinger *hereby certify that on the* 9 *day of* Jan, *one thousand nine hundred and* 82 *at* Stilesville, *County of* Hendricks, *State of Indiana, Groom* Lloyd Potter *of* Hendricks *County, State of* Ind. *and, Bride* Debra D. Potter *of* Hendricks *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 9 *day of* Jan, 19 82.

Signed Jerry M. Kessinger
Official Designation Judge Pro-Tem

Filed and recorded in accordance with the laws of the State of Indiana this 11 *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. 610

File

12-9-81 Date of Application

MALE
Medical Examination Report Dated 12-7-81
Name of Physician Wm. Edwards M.D.

FEMALE
Medical Examination Report Dated 12-7-81
Name of Physician Wm. Edwards M.

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

Date of Birth: Month 7 Day 9 Year 1949

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

Residence Address: Street or R. R. 1210 S. Sig Pants Rd. City Indpls. County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Drivers License w/p. #308-54-3206

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Kristi Lee Moreland - 10 yrs.
   Kasey William Moreland 7 yrs.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Albert A. Moreland
   Residence of father (if deceased so state) Zionsville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Lou Harrison
   Residence of mother (if deceased so state) Zionsville, 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 [signature]

New Address 524 Howell Lane, Indpls, Ind.

Subscribed and sworn to before me this 9 day of Dec., 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Deborah Middle J. Last Kirkman

Date of Birth: Month 1 Day 2 Year 1952

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

Residence Address: Street or R. R. 1210 S. Sig Pants Rd. City Indpls. County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers Licens w/p. #715-58-0401

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

New Address 524 Howell Lane Indpls, In

Subscribed and sworn to before me this 9th day of Dec., 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14 day of Dec., 19 81, authorizing the joining together as husband and wife MICHAEL W. MORELAND and DEBORAH J. KIRKMAN

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

I, JOHN HART hereby certify that on the 2nd day of JAN., one thousand nine hundred and 82, State of Indiana, Groom MICHAEL W. MORELAND at Indianapolis, County of MARION, and, Bride DEBORAH J. KIRKMAN of MARION County, State of INDIANA, of MARION County, State of INDIANA, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ..... County.

Dated this 14th day of DECEMBER, 19 81.

Signed JOHN HART

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of Jan., 1982

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 611

File

12-10-81
Date of Application

MALE
Medical Examination Report Dated 12-7-81
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 12-7-81
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 D. Last Jones
Date of Birth: Month 5 Day 1 Year 1964
Place of Birth (State or foreign country): Greenfield Ind.
Residence Address: Street or R. R. Oakhurst Trailer Ct #44 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: Robt. D. Jones
   Residence of father (if deceased so state): Deceased
   Birthplace of father (State or foreign country): Arkansas
9. Full maiden name of mother: Trudy L. Burnett
   Residence of mother (if deceased so state): Wilkinson 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 Robert D Jones III
New Address Oakhurst Lot #44
Subscribed and sworn to before me this 10 day of December 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Stacy Middle Lyne Last Reed
Date of Birth: Month 10 Day 17 Year 1963
Place of Birth (State or foreign country): Springfield Ill
Residence Address: Street or R. R. Oakhurst Trailer Ct #44 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?
   If answer is "yes", it is required that this Application be accompanied by satisfactory pro
   compliance with any court order or orders issued for their support.
8. Full name of father: Robt. Lee Reed
   Residence of father (if deceased so state): B'burg Ind.
   Birthplace of father (State or foreign country): Springfield Ill
9. Full maiden name of mother: Sandra Jean Richa
   Residence of mother (if deceased so state): B'burg Ind.
   Birthplace of mother (State or foreign country): Springfield Ill

State of Indiana, County of HENDRICKS } ss: I depose and state the in this application is

Signed x Stacey L. Ree
New Address Oakhurst M.H.P. Lot
Subscribed and sworn to before me this 10 day of December, 8
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 11 *day of* Dec, *19*81, *authorizing the joining together as husband and wife* ROBERT DONALD JONES III *and* STACEY LYNE REED

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

I, C. L. BOSTROM *hereby certify that on the* 13th *day of* Dec., *one thousand nine hundred and* 81 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* ROBERT D. JONES III *of* HENDRICKS *County, State of* INDIANA *and, Bride* STACEY LYNE REED *of* HENDRICKS *County, State of* INDIANA, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*

Dated this 13th *day of* Dec, *19*81.
Signed C. L. BOSTROM
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 15th *day of* Dec, *19*81.
Signed MARY JANE RUSSELL *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 611

File

12-10-81
Date of Application

MALE
Medical Examination Report Dated 12-7-81
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 12-7-81
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 D. Last Jones
Date of Birth: Month 5 Day 1 Year 1964
Place of Birth (State or foreign country): Greenfield Ind.
Residence Address: Street or R. R. Oakhurst Trailer Ct #44 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? Yes ☐
   If answer is "yes", it is required that this Application be acc... are in compliance with any court order...
8. Full na...
   R...
   Bi...
9. Ful...
   Resi...
   Birthp...

State of I...
County of...

Subscribed a... before me this 10 day of December, 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Stacy Middle Lyne Last Reed
Date of Birth: Month 10 Day 17 Year 1963
Place of Birth (State or foreign country): Springfield Ill
Residence Address: Street or R. R. Oakhurst Trailer Ct #44 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.

I, Trudy Lee Cook, hereby give my consent for my Son, Robert D Jones III to marry Stacey Reed.

Trudy Lee Cook

Subscribed and sworn to before me this 11 day of December 1981

Darrell H Thomas Sr.
DARRELL H. THOMAS SR. RESIDES IN MARION CO.
Notary Public
COMMISSION EXPIRES DEC 21 1983

CONSENT OF ... OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed..... Father

Signed..... Mother

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

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed..... Father

Signed..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 11 *day of* Dec, 19 81, *authorizing the joining together as husband and wife* ROBERT DONALD JONES III *and* STACEY LYNE REED

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

I, C. L. BOSTROM *hereby certify that on the* 13th *day of* Dec, *one thousand nine hundred and* 81 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* ROBERT D. JONES III *of* HENDRICKS *County, State of* INDIANA *and, Bride* STACEY LYNE REED *of* HENDRICKS *County, State of* INDIANA, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*

Dated this 13th *day of* Dec, 19 81

Signed C. L. BOSTROM

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 15th *day of* Dec, 19 81

Signed MARY JANE RUSSELL *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 612
File 43
12-10-81
Date of Application

MALE
Medical Examination Report Dated 12-4-81
Name of Physician D.W. Baker

FEMALE
Medical Examination Report Dated 12-4-81
Name of Physician D.W. Baker

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

MALE APPLICANT

Name: First Kenneth Middle Randall Last Aguirre
Date of Birth: Month 10 Day 11 Year 59
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R. R. 530 Trevor City Brownsburg County Ind. State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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. —
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Aguirre
   Residence of father (if deceased so state) Brownsburg, Ind.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Kaye Marshall
   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 Kenneth R. Aguirre
New Address 530 TREVOR ST.

Subscribed and sworn to before me this 10 day of Dec., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 L. Last Farnsworth
Date of Birth: Month 10 Day 6 Year 60
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R. R. 530 Trevor City Brownsburg County Ind. State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lester H. Farnsworth
   Residence of father (if deceased so state) Kent Ohio
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Shirley Hubel
   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 Cynthia L. Farnsworth
New Address 530 Trevor St

Subscribed and sworn to before me this 10 day of Dec., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 14 *day of* December, 19 81, *authorizing the joining together as husband and wife* Kenneth R. Aguirre *and* Cynthia L. Farnsworth.

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

I, John C. Maurer *hereby certify that on the* 26 *day of* Dec., *one thousand nine hundred and* 81, *State of Indiana, Groom* Kenneth R. Aguirre *at* Brownsburg, *County of* Hendricks, *and, Bride* Cynthia L. Farnsworth *of* Hendricks *County, State of* Ind., *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 26 *day of* Dec., 19 81.

Signed John C. Maurer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 29 *day of* Dec., 19 81.

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 613

File

12-11-81
Date of Application

MALE
Medical Examination Report Dated 12-8-81
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 12-8-81
Name of Physician Eric D. Clark

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

MALE APPLICANT

Name: First Kenneth Middle W. Last Reynolds
Date of Birth: Month 7 Day 26 Year 1950
Place of Birth (State or foreign country) Oklahoma City, OK.
Residence Address: Street or R. R. 338 Lincoln 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 Wilburn L. Reynolds
   Residence of father (if deceased so state) North Salem Ind.
   Birthplace of father (State or foreign country) Oklahoma
9. Full maiden name of mother Alice ~~Marice~~ Maurice
   Residence of mother (if deceased so state) North Salem 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 Kenneth W. Reynolds
New Address 4431 Denniston Indpls.
Subscribed and sworn to before me this 11 day of Dec, 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Nicki Middle Jean Last Northrup
Date of Birth: Month 2 Day 15 Year 1953
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R. R. 4431 Denniston 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.
   Renee Ann Northrup
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Paul Robinson
   Residence of father (if deceased so state) Indpls Ind.
   Birthplace of father (State or foreign country) Indpls Ind.
9. Full maiden name of mother Esther Ethel Merwin
   Residence of mother (if deceased so state) Indpls Ind.
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Nicki Jean Northrup
New Address 4431 Denniston
Subscribed and sworn to before me this 11 day of Dec, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 15 *day of* Dec, 19 81, *authorizing the joining together as husband and wife* Kenneth W. Reynolds *and* Nicki J. Northrup

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. R. L. Wardwell *hereby certify that on the* 24 *day of* Dec., *one thousand nine hundred and* 82 *at* Indpls., *County of* Marion, *State of Indiana, Groom* Kenneth W. Reynolds *of* ~~Marion~~ Hendricks *County, State of* IN, *and, Bride* Nicki J. Northrup *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 24 *day of* Dec., 19 81.
Signed R. L. Wardwell
Official Designation ~~Re~~ Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 18 *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. 614

File

Dec 11, 1981
Date of Application

MALE
Medical Examination Report Dated 12-8-81
Name of Physician M. Neely

FEMALE
Medical Examination Report Dated 12-8-81
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 Michael Middle T. Last Sering
Date of Birth: Month Sept. Day 8. Year 1948
Place of Birth (State or foreign country) Indianapolis, Ind
Residence Address: Street or R. R. RR# 3 Box 206 City Danville County State In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers Lic w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Michael Sering 11
   Amy Sering 7
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Thomas Sering
   Residence of father (if deceased so state) Conby, Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marjorie Winona Butterfield
   Residence of mother (if deceased so state) Conby, 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 T Sering
New Address RR#3 BOX 206 DANVILLE IND.

Subscribed and sworn to before me this 11 day of Dec, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of 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 Gail Last Bastin
Date of Birth: Month June Day 22 Year 1952
Place of Birth (State or foreign country) Connersville, Ind
Residence Address: Street or R. R. RR# 3 Box 206 City Danville County State In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers Lic w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Donald Bastin 10
   Shelia Bastin 7
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Nichols Samuel Moreland
   Residence of father (if deceased so state) Plainfield, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Genevieve Witt
   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 Deborah G. Bastin
New Address R. R. 3 Box 206 Danville In

Subscribed and sworn to before me this 11 day of Dec, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24 day of December, 19 81, authorizing the joining together as husband and wife MICHAEL THOMAS SERING and DEBORAH GAIL BASTIN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DANIEL R. YEAGER hereby certify that on the 2 day of Jan. one thousand nine hundred and 82 at FRIENDSWOOD BAPTISH CHURCH County of ~~HENDRICKS~~ Marion, State of Indiana, Groom MICHAEL THOMAS SERING of HENDRICKS County, State of INDIANA, and, Bride DEBORAH GAIL BASTIN of HENDRICKS County, State of INDIANA, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ..... County.

Dated this 2 day of Jan., 19 82.

Signed DANIEL R. YEAGER
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 5 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. 615

File

12-14-81
Date of Application

MALE
Medical Examination Report Dated 11-20-81
Name of Physician Justin Lane

FEMALE
Medical Examination Report Dated 11-20-81
Name of Physician Justin Lane

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Dale Last Griffin

Date of Birth: Month 7 Day 4 Year 1943

Place of Birth (State or foreign country) St. Louis MO

Residence Address: Street or R. R. 10048 Lake of Lanterns City Indpls County Hend State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers 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 Louis H. Griffin
   Residence of father (if deceased so state) St. Louis MO
   Birthplace of father (State or foreign country) St. Louis MO
9. Full maiden name of mother Ruth M. Conway
   Residence of mother (if deceased so state) St Louis MO
   Birthplace of mother (State or foreign country) St. Louis MO

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Robert D. Griffin

New Address 10048 Lake of Lanterns Ind

Subscribed and sworn to before me this 14 day of Dec., 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 Kay Last Tallant

Date of Birth: Month 5 Day 18 Year 1947

Place of Birth (State or foreign country) Bragg City MO

Residence Address: Street or R. R. 10048 Lake of Lanterns City Indpls County Hend State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Patricia Kay Tucker
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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. Mealer
   Residence of father (if deceased so state) Ridgley Tenn.
   Birthplace of father (State or foreign country) Paydram Tenn
9. Full maiden name of mother Millie J. Davis
   Residence of mother (if deceased so state) Bragg City MO
   Birthplace of mother (State or foreign country) Rigley Tenn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Paula Kay Tallant

New Address .....

Subscribed and sworn to before me this 14 day of Dec, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 23 *day of* Dec, *19* 81, *authorizing the joining together as husband and wife* ..... *and* .....

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ... *hereby certify that on the* ..... *day of* ....., *one thousand nine hundred and* ..... *at* ....., *County of* ....., *State of Indiana, Groom* ..... *of* ..... *County, State of* ..... *and, Bride* ..... *of* ..... *County, State of* ....., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*

Dated this ..... *day of* ....., *19*.....

Signed .....

Official Designation .....

Filed and recorded in accordance with the laws of the State of Indiana this ..... *day of* ....., *19*.....

Signed ..... *Clerk*

HENDRICKS ..... *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 616

File

12-14-81
Date of Application

MALE
Medical Examination Report Dated 12-4-81
Name of Physician Richard D. Floyd

FEMALE
Medical Examination Report Dated 12-4-81
Name of Physician Richard D. Floyd

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Clinton Last Jenner
Date of Birth: Month Oct Day 19 Year 1944
Place of Birth (State or foreign country)
Residence Address: Street or R. R. 512 Brentwood Dr. E. City Pfld. County Hend State IN
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) drivers lic /w picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Michael Adam Jenner
   Christina Cheryl Jenner
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Clinton Jenner
   Residence of father (if deceased so state) Ellettsville
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Elsey Irene Poer
   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 Michael C. Jenner
New Address 512 Brentwood DR E. Plainfield
Subscribed and sworn to before me this 14 day of Dec., 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Diane Middle Lee Last Wolters
Date of Birth: Month July Day 16 Year 1957
Place of Birth (State or foreign country)
Residence Address: Street or R. R. 1008 Valley View Dr. Apt 2. City Pfld County Hend State IN
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) drivers lic /w picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Kenneth Ernest Wolters
   Residence of father (if deceased so state) Milwaukee
   Birthplace of father (State or foreign country) Wisconsin
9. Full maiden name of mother Edith Marie Fischer
   Residence of mother (if deceased so state) Milwaukee
   Birthplace of mother (State or foreign country) Wisconsin

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Diane L. Wolters
New Address 512 Brentwood Dr. E Plainfield
Subscribed and sworn to before me this 14 day of Dec., 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 18 *day of* Dec. *, 19* 81 *, authorizing the joining together as husband and wife* MICHAEL CLINTON JENNER *and* DIANE LEE WOLTERS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, CHARLES G. GIBSON *hereby certify that on the* 2 *day of* JAN. *, one thousand nine hundred and* 82 *at* HENDRICKS *, County of* MARION *, State of Indiana, Groom* MICHAEL CLINTON JENNER *of* HENDRICKS *County, State of* INDIANA *, and, Bride* DIANE LEE WOLTERS *of* HENDRICKS *County, State of* INDIANA *, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ..... County.*

Dated this 2nd *day of* JANUARY *, 19* 82 *.*

Signed CHARLES G. GIBSON
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 5th *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. 617

File

12-14-81
Date of Application

MALE
Medical Examination Report Dated ~~Stu~~ 11-28-81
Name of Physician Stuart Duncan

FEMALE
Medical Examination Report Dated 12-8-81
Name of Physician Robt. Grief

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Roy Last Buckheister Jr.
Date of Birth: Month 7 Day 21 Year 1962
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R. R. RR1 Box 136 City North Salem County Hend State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James R Buckheister Sr.
   Residence of father (if deceased so state) North Salem Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Arolith A. Eierman
   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 James R. Buckheister Jr
New Address P.O. Box 482 Brownsburg, IN 46112

Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Tamara Middle Sue Last McClintock
Date of Birth: Month 6 Day 22 Year 1958
Place of Birth (State or foreign country) Beech Grove Ind.
Residence Address: Street or R. R. RR1 Box 243A City Trafalgar County Brown State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ ~~Yes~~ ☐
3. Are you related to the male applicant closer than second cousin? No ☑ ~~Yes~~ ☐
4. Are you now under the influence of intoxicating liquor? No ☑ ~~Yes~~ ☐
5. Are you now under the influence of a narcotic drug? No ☑ ~~Yes~~ ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 C. McClintock
   Residence of father (if deceased so state) Trafalger Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Retha Joyce Spurgeon
   Residence of mother (if deceased so state) Trafalger 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 Tamara S McClintock
New Address ~~RR1 B~~ P.O. Box 482 Brownsburg, In 46112

Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* November, *19* 81, *authorizing the joining together as husband and wife* James R. Buckheister *and* Tamara S. McClintock

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Benjamin McClintock *hereby certify that on the* ..... *day of* 19 ....., *one thousand nine hundred and* ~~84~~ 81 *at* Craigwood Kingdom Hall of Jehovah's Witnesses *County of* Marion, *State of Indiana, Groom* James R. Buckheister *of* Hendricks *County, State of* Hendricks *and, Bride* Tamara S. McClintock *of* Hendricks *County, State of* Brown, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 19 *day of* Dec., *19* 81.

Signed Benjamin McClintock
Official Designation Minister, Jehovah's Witness

Filed and recorded in accordance with the laws of the State of Indiana this 21 *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. 618

File

12-15-81
Date of Application

MALE
Medical Examination Report Dated 12-11-81
Name of Physician Patrick Foley

FEMALE
Medical Examination Report Dated 12-14-81
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 Ken Middle W. Last Garner
Date of Birth: Month 9 Day 21 Year 1932
Place of Birth (State or foreign country) Indpls Ind
Residence Address: Street or R. R. 435 School Rd. City Plfd County Hend State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Kimberly Renee Garner
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any courtorder or orders issued for their support.
8. Full name of father Andrew Garner
   Residence of father (if deceased so state) Winterspring Fla
   Birthplace of father (State or foreign country) Utah
9. Full maiden name of mother Mary Cook
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Kenneth W. Garner
New Address Same

Subscribed and sworn to before me this 15 day of Dec, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Juanita Middle L. Last Jones
Date of Birth: Month 11 Day 9 Year 1936
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R. R. 435 School 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.
   Richard Alan Jones
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Bragg
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Colorado
9. Full maiden name of mother Lucile Lawson
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Juanita L Jones
New Address same

Subscribed and sworn to before me this 15 day of Dec, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 22nd *day of* December, 19 81, *authorizing the joining together as husband and wife* Kenneth W. Garner *and* Juanita L. Jones. *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, Donald Barnes *hereby certify that on the* 26 *day of* Dec., *one thousand nine hundred and* 81, *at* Indpls, *County of* Marion, *State of Indiana, Groom* Kenneth W. Garner *of* Marion *County, State of* Ind., *and, Bride* Juanita L. Jones *of* Marion *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*

Dated this 26 *day of* Dec., 19 81.

Signed Donald L. Barnes
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29 *day of* Dec., 19 81.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 619

File 12-16-81
Date of Application

MALE
Medical Examination Report Dated 12-13-81
Name of Physician Thomas E. Moran

FEMALE
Medical Examination Report Dated 12-13-81
Name of Physician Thomas E. Moran

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle E. Last Haddle
Date of Birth: Month 2 Day 4 Year 1946
Place of Birth (State or foreign country) Indpls Ind
Residence Address: Street or R. R. 19 Fairlane Dr City B'burg County Hend State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Kevin Ray Haddle
   Christina Marie Haddle
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Raymond Edward Haddle
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Johnstown PA.
9. Full maiden name of mother Nettie Icelene Agle
   Residence of mother (if deceased so state) Indpls Ind.
   Birthplace of mother (State or foreign country) Otto Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed ~~X~~ Robert E Haddle
New Address Same
Subscribed and sworn to before me this 16 day of December 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Lola Middle J. Last Vig
Date of Birth: Month 5 Day 10 Year 1939
Place of Birth (State or foreign country) Brownsville PA.
Residence Address: Street or R. R. 19 Fairlane Dr. City B'burg County Hend. State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Boyd Victorius
   Residence of father (if deceased so state) Fredericktown PA.
   Birthplace of father (State or foreign country) Belle ~~Vern~~ Vernon PA.
9. Full maiden name of mother Genevieve Merton
   Residence of mother (if deceased so state) ~~Roscoe PA~~ Fredericktown PA
   Birthplace of mother (State or foreign country) Roscoe PA

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed ~~X~~ Lola J Vig
New Address Same
Subscribed and sworn to before me this 16 day of December 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 22 *day of* Dec, 1981, *authorizing the joining together as husband and wife* Robert E. Haddle *and* Lola J Vig

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jeffery A. Trees *hereby certify that on the* 24 *day of* Dec, *one thousand nine hundred and* 81 *at* Indpls, *County of* Marion, *State of Indiana, Groom* Robert E. Haddle *of* Hendricks *County, State of* Ind *and, Bride* Lola J Vig *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* ..... *County.*

Dated this 24 *day of* Dec, 19 81.

Signed Jeffrey A Trees
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29 *day of* Dec, 19 81.

Signed Mary Jane Russell *Clerk*
..... *Circuit Court*

No. 620
File 43
12-16-81
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 12-18-81
Name of Physician Edwin J. Moore

FEMALE
Medical Examination Report Dated 12-9-81
Name of Physician Benj. J. Klatch

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 J. Last Gallegos
Date of Birth: Month 11 Day 19 Year 59
Place of Birth (State or foreign country) New Mexico
Residence Address: Street or R. R. 418 B. Dartmouth City Las Cruces County State New Mexico
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's lic w/pict.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Johnie E. Gallegos
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) New Mexico
9. Full maiden name of mother Louise Wylie
   Residence of mother (if deceased so state) New Mexico
   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 Robert J. Gallegos
New Address 418 B Dartmouth Las Cruces N.M. 88001
Subscribed and sworn to before me this 29 day of Dec, 19 82.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 Jo Last Pritchett
Date of Birth: Month 3 Day 26 Year 59
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. RR 2 Box 225 City Danville County State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers lic w/picture.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Norwood D. Pritchett
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Linda A. McKee
   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 Lana Jo Pritchett
New Address 418 B Dartmouth Las Cruces, N.M. 88001
Subscribed and sworn to before me this 14 day of Dec, 19 82.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 29 *day of* Dec, 19 82, *authorizing the joining together as husband and wife* Robert J. Gallegos *and* Lana Jo Pritchett

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Joseph Stump, *hereby certify that on the* 2 *day of* Jan, *one thousand nine hundred and* 82 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Robert J. Gallegos *of* Los Alamos *County, State of* New Mexico, *and, Bride* Lana Jo Pritchett *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* Jan, 19 82.

Signed Joseph D. Stump
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this ..... *day of* Jan, 19 82.

Signed Mary Jane Russell HENDRICKS *Clerk Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 621

File

Dec 16, 1981
Date of Application

MALE
Medical Examination Report Dated 12-15-81
Name of Physician E. Clark

FEMALE
Medical Examination Report Dated 12-15-81
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 William Middle W. Last Nichols
Date of Birth: Month Feb Day 12 Year 1934
Place of Birth (State or foreign country): Daviess County, Indiana
Residence Address: Street or R. R. 410 W. Lincoln City Danville County State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ward Nichols
   Residence of father (if deceased so state) Elnora, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mildred E. Hastings
   Residence of mother (if deceased so state) Elnora, Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William W. Nichols
New Address 410 W. Lincoln
Subscribed and sworn to before me this 16 day of Dec, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Rose Middle M. Last Stringfellow
Date of Birth: Month Feb Day 18 Year 1932
Place of Birth (State or foreign country): Howe, Indiana
Residence Address: Street or R. R. RR # 2 Box 307B City Clovердale 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 Willard Burton Dickerson
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Edith Lucille Gronthom
   Residence of mother (if deceased so state) Kendallville, 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 Rose M Stringfellow
New Address 410 W. Lincoln Danville In.
Subscribed and sworn to before me this 16 day of Dec, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 21 *day of* Dec, *19* 81, *authorizing the joining together as husband and wife* William W. Nichols *and* Rose M. Stringfellow

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer *hereby certify that on the* 21 *day of* Dec, *one thousand nine hundred and* 81 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* William W. Nichols *of* Hendricks *County, State of* Ind. *and, Bride* Rose M. Stringfellow *of* Owen *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*

Dated this 21 *day of* Dec., *19* 81.

Signed John C. Mowrer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 29 *day of* Dec, *19* 81.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 622

File

Dec. 16, 1981
Date of Application

MALE
Medical Examination Report Dated 12-1-81
Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated 12-1-81
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 Kevin, Middle Ray, Last Mann
Date of Birth: Month Nov., Day 13, Year 1959
Place of Birth (State or foreign country): Ind.
Residence Address: Street or R. R. 3627 Bedford, City Indpls, County Marion, State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Robert C. Mann
   Residence of father (if deceased so state): Indpls. In.
   Birthplace of father (State or foreign country): In.
9. Full maiden name of mother: Martha Deckard
   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 Kevin R. Mann
New Address 311 N. Green Brownsburg
Subscribed and sworn to before me this 16 day of Dec, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of 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 Lynn, Last Brumley
Date of Birth: Month Dec, Day 7, Year 1956
Place of Birth (State or foreign country): Ind.
Residence Address: Street or R. R. 311 N. Green, 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.
   Christopher Andrew Brumley
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Osborn
   Residence of father (if deceased so state): Brownsburg, In.
   Birthplace of father (State or foreign country): Ohio
9. Full maiden name of mother: Betty Buss
   Residence of mother (if deceased so state): Brownsburg
   Birthplace of mother (State or foreign country): Minn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Deborah Lynn Brumley
New Address 311 North Green Brownsburg
Subscribed and sworn to before me this 16 day of Dec, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hend. HENDRICKS *Circuit Court of Indiana dated the* 30 *day of* Dec., 19 81., *authorizing the joining together as husband and wife* KEVIN RAY MANN *and* ~~DEBORAH LYNN BRUMLEY~~

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DONALD TYLER *one thousand nine hundred and* 82 *hereby certify that on the* 1st~~X~~ *day of* Jan., *State of Indiana, Groom* KEVIN RAY MANN *at* BROWNSBURG, *County of* HENDRICKS, *and, Bride* DEBORAH LYNN BRUMLEY *of* ~~HENDRICKS~~ MARION *County, State of* INDIANA, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County, State of* INDIANA.

Dated this 1st *day of* ~~XXX~~ JAN., *19* 82.

Signed DONALD TYLER
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this ~~2~~ 5 *day of* Jan., *19* 82.

Signed MARY JANE RUSSELL *Clerk*
~~X~~ HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 623

File

Dec. 18, 1981
Date of Application

MALE
Medical Examination Report Dated 12-16-81
Name of Physician Dr. Morphis

FEMALE
Medical Examination Report Dated 12-16-81
Name of Physician Dr. Morphis

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Dennis Middle L. Last Watts
Date of Birth: Month July Day 14 Year 1949
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R. R. 435 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) Dr. 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.
   Andrew Watts
   Joshua Watts
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dennis Watts
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Tenn.
9. Full maiden name of mother Norma McHargue
   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 Dennis L Watts
New Address 435 Lisa Lane

Subscribed and sworn to before me this 18 day of Dec, 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of 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 J. Last Butcher
Date of Birth: Month Oct Day 1 Year 1946
Place of Birth (State or foreign country) Pittsburg Pa.
Residence Address: Street or R. R. 612 Waterview City Indpls. County State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   David Butcher
   Dennis Butcher
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Petree
   Residence of father (if deceased so state) Jamestown Tenn.
   Birthplace of father (State or foreign country) Tenn.
9. Full maiden name of mother Velma Luy
   Residence of mother (if deceased so state) Indpls. 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 Donna J. Butcher
New Address 435 Lisa Lane

Subscribed and sworn to before me this 18 day of Dec, 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 23 *day of* Dec, 19 81, *authorizing the joining together as husband and wife* Dennis L. Watts *and* Donna J. Butcher

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Charles E. Chestnut *hereby certify that on the* 24 *day of* Dec, *one thousand nine hundred and* 81 *at* Indpls, *County of* Marion, *State of Indiana, Groom* Dennis L. Watts *of* Hendricks *County, State of* Ind. *and, Bride* Donna J. Butcher *of* Marion *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*

Dated this 24 *day of* Dec, 19 81.

Signed Charles E. Chestnut
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29 *day of* Dec, 19 81.

Signed Mary Jane Russell *Clerk*
Hendricks *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 624

File

12-18-81
Date of Application

MALE
Medical Examination Report Dated 12-16-81
Name of Physician Wm Edwards

FEMALE
Medical Examination Report Dated 12-16-81
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 Brett Middle Robert Last Donaldson

Date of Birth: Month Oct Day 22 Year 1962

Place of Birth (State or foreign country): ~~Ark~~ Arkansas

Residence Address: Street or R. R. 110 Franklin City Greenwood County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Robert Frank Donaldson
   Residence of father (if deceased so state): Danville In.
   Birthplace of father (State or foreign country): Mich.
9. Full maiden name of mother: Dolly Jo Luna
   Residence of mother (if deceased so state): Danville, 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 X Brett Donaldson

New Address 110 E Franklin Apt #7

Subscribed and sworn to before me this 18 day of Dec, 1981.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 Diane Last Ware

Date of Birth: Month Sept Day 28 Year 1965

Place of Birth (State or foreign country): Ind

Residence Address: Street or R. R. 366 S. Jefferson City Danville County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Eugene Ware
   Residence of father (if deceased so state): Grapels, In.
   Birthplace of father (State or foreign country): In.
9. Full maiden name of mother: Donna Stanford
   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 X Kim Ware

New Address 110 Franklin Apt #7

Subscribed and sworn to before me this 18 day of Dec, 1981.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only 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 Donna L. Ware ..... Mother

Subscribed and sworn to before me this 18 day of Dec, 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 Hend County Circuit Court by written order issued 3 day age waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* ~~Hend~~ HENDRICKS *Circuit Court of Indiana dated the* 18th *day of* Dec, 19 81, *authorizing the joining together as husband and wife* Brett Robert Donaldson *and* Kimberly Diane Ware

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Stanley A. Johnson *hereby certify that on the* 23 *day of* December, *one thousand nine hundred and* 81, *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Brett Robert Donaldson *of* Hendricks *County, State of* Indiana, *and, Bride* Kimberly Diane Ware *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 23 *day of* December, 19 81.

Signed Stanley A. Johnson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28 *day of* December, 19 81

Signed Mary Jane Russell *Clerk*
Hendricks *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 625

File

12-21-81
Date of Application

MALE
Medical Examination Report Dated 12-17-81
Name of Physician M. D. Scamahorn

FEMALE
Medical Examination Report Dated 12-17-81
Name of Physician M. D. Scamahorn

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Edward Middle J. Last Yeager
Date of Birth: Month 10 Day 8 Year 1917
Place of Birth (State or foreign country) Inglps Ind
Residence Address: Street or R. R. 9880 W. 10th City Inglps County Hend State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers Licence

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Henry Yeager Sr.
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) St Louis MO.
9. Full maiden name of mother Agnes Julia Bleasper
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Jerseyville Ill

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Edward J. Yeager
New Address PO Box 298 Jamestown Ind 46147

Subscribed and sworn to before me this 21 day of December, 19 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 L. Last Mann
Date of Birth: Month 4 Day 25 Year 1932
Place of Birth (State or foreign country) Hendersonville Tenn.
Residence Address: Street or R. R. PO Box 298 City Jamestown County Boone State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) 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 Ernest Aubrie Parker
   Residence of father (if deceased so state) Hendersonville Tenn.
   Birthplace of father (State or foreign country) Hendersonville Tenn.
9. Full maiden name of mother Mary Ethel McMurtry
   Residence of mother (if deceased so state) Hendersonville Tenn.
   Birthplace of mother (State or foreign country) Hendersonville Tenn

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ellen L. Mann
New Address Box 298 Jamestown Ind.

Subscribed and sworn to before me this 21 day of December 81
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County 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* 21 *day of* December, *19* 81, *authorizing the joining together as husband and wife* Edward J. Yeager *and* Ellen L. Mann

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Wayne V. Stine *hereby certify that on the* 23 *day of* December, *one thousand nine hundred and* 81 *at* Jamestown, *County of* Boone, *State of Indiana, Groom* Edward J. Yeager *of* Hendricks *County, State of* Indiana *and, Bride* Ellen L. Mann *of* Boone *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 23 *day of* December, *19* 81.

Signed Wayne V. Stine
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28 *day of* December, *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. 626

File

12-22-81
Date of Application

MALE
Medical Examination Report Dated Dec. 16, 1981
Name of Physician Irwin

FEMALE
Medical Examination Report Dated Dec. 17, 1981
Name of Physician Irwin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gary Middle N. Last Wagner
Date of Birth: Month 1 Day 13 Year 1951
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R. R. 304 Pearl St. City North Salem County Hend. State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☑ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   SAME →
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father ~~Eugene~~ Eugene Lodger Wagner
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Colorado
9. Full maiden name of mother Connie Evelyn Crews
   Residence of mother (if deceased so state) Danville Ind.
   Birthplace of mother (State or foreign country) Indpls Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Gary N. Wagner
New Address 304 Pearl N. Salem IN

Subscribed and sworn to before me this 22 day of Dec, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

FEMALE APPLICANT

Name: First Belinda Middle Leigh Last Wagner
Date of Birth: Month 9 Day 28 Year 1956
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R. R. 304 Pearl St. City North Salem County Hend. State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Tristia Richell Wagner
   Carra Jo Wagner
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Frederick Mayer
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara June Reed
   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 Belinda L. Wagner
New Address 304 Pearl St N. Salem In.

Subscribed and sworn to before me this 22 day of December, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 29th day of Dec, 19..., authorizing the joining together as husband and wife Gary N. Wagner and Belinda L. Wagner

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Mary Jane Russell hereby certify that, on the 29th day of December, one thousand nine hundred and 81, at Danville, County of Hendricks, State of Indiana, Groom Gary N. Wagner of Hendricks County, State of Indiana, and, Bride Belinda L. Wagner of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 29 day of Dec., 19 81.

Signed Mary Jane Russell
Official Designation Clerk

Filed and recorded in accordance with the laws of the State of Indiana this ~~Jan~~ 11 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. 627

File

Dec. 22, 1981
Date of Application

MALE
Medical Examination Report Dated 12-16-81
Name of Physician Terry Mandel

FEMALE
Medical Examination Report Dated 12-16-81
Name of Physician Terry Mandel

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Ray Last Smiley

Date of Birth: Month Oct Day 8 Year 1953

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 5816 Pocono Mesa S. Apt. 606 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) 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 Oldred Smiley
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Viola Ketzendorf
   Residence of mother (if deceased so state) Conley, 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 Charles R. Smiley

New Address 5816 Pocono Mesa S. 606

Subscribed and sworn to before me this 22 day of ....., 19.....

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Robin Middle Nicole Last Smither

Date of Birth: Month June Day 26 Year 1960

Place of Birth (State or foreign country) Ind

Residence Address: Street or R. R. 5191 Avon Rd. City Plainfield County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Carroll R. Smither
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Joann Stevens
   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 Robin N. Smither

New Address 5816 Pocono Mesa S. Apt 606

Subscribed and sworn to before me this 22 day of Dec, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 4th *day of* January, 19 82, *authorizing the joining together as husband and wife* Charles R. Smiley *and* Robin N. Smither

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Bernard J. Hulman Jr. *hereby certify that on the* 13 *day of* Feb., *one thousand nine hundred and* 82 *at* Indpls, *County of* Marion, *State of Indiana, Groom* Charles R. Smiley *of* Marion *County, State of* Ind *and, Bride* Robin N. Smither *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* ..... *County.*

Dated this 13 *day of* Feb., *19* 82.

Signed Bernard J. Hulman Jr.

Official Designation Marion Co. Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 19 *day of* 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. 628

File

Dec. 22, 1981
Date of Application

MALE
Medical Examination Report Dated 12-21-81
Name of Physician Lloyd Terry

FEMALE
Medical Examination Report Dated 12-21-81
Name of Physician Lloyd Terry

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David, Middle Eugene, Last Lewis

Date of Birth: Month April, Day 17, Year 1953

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 136 A. Spring Dr., City Plainfield, County, State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Lewis
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Mary Polley
   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 David E. Lewis

New Address 136 A Spring Dr, Plainfield

Subscribed and sworn to before me this 22 day of Dec, 1981.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Geneva, Middle Frances, Last Short

Date of Birth: Month Feb., Day 16, Year 1949

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 136 A. Spring Dr., City Plainfield, County, State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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.
   Lisa Diane Short
   Katina Frances Short
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jodie Tumblin
   Residence of father (if deceased so state) Coatesville, In.
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Margie Garrett
   Residence of mother (if deceased so state) Coatesville
   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 Geneva F. Short

New Address 136 A Spring Dr Plainfield Ind

Subscribed and sworn to before me this 22 day of Dec, 1981.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Ind. County, Superior II Court by written order issued 3 day waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* December, 19 81, *authorizing the joining together as husband and wife* David E. Lewis *and* Geneva F. Short

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Harlan F. Mayfield *hereby certify that on the* ..... *day of* ....., *one thousand nine hundred and* 82 *at* Tony, *County of* Clay, *State of Indiana, Groom* David E. Lewis *of* Hendricks *County, State of* Ind. *and, Bride* Geneva F. Short *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* ..... *County.*

Dated this 25 *day of* Dec, *19* 81.

Signed Harlan F. Mayfield

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* 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. 629

File

12-22-81
Date of Application

MALE
Medical Examination Report Dated 12-3-81
Name of Physician Scudder

FEMALE
Medical Examination Report Dated 12-3-81
Name of Physician Donald L. Snider

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Suraki Middle Maneewongwathana Last
Date of Birth: Month 6 Day 1 Year 1957
Place of Birth (State or foreign country): Bangkok Thailand
Residence Address: Street or R.R. 524 N. 2nd St. City Vincennes County Vigo State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Passport w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Fumate Maneewongwathana
   Residence of father (if deceased so state) Bangkok, Thailand
   Birthplace of father (State or foreign country) Bangkok, Thailand
9. Full maiden name of mother Manee
   Residence of mother (if deceased so state) Bangkok, Thailand
   Birthplace of mother (State or foreign country) Bangkok, Thailand

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed X Suraki Maneewongwathana
New Address 524 N. 2nd St. Vincennes.
Subscribed and sworn to before me this 22 day of Dec, 19 81. Ind 9-x-91.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Mary Middle L Last Wilson
Date of Birth: Month 11 Day 29 Year 1962
Place of Birth (State or foreign country) Lebanon, Ind.
Residence Address: Street or R.R. RR 1 Box 283 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 William Calvin Wilson
   Residence of father (if deceased so state) Pittsboro Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Irma Virginia L'Homme
   Residence of mother (if deceased so state) Pittsboro, Ind.
   Birthplace of mother (State or foreign country) ~~Bos~~ Massachussett

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed X Mary L. Wilson
New Address 524 N. 2nd Street
Subscribed and sworn to before me this 22 day of December, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 28 *day of* Dec, 19 81, *authorizing the joining together as husband and wife* Suratkij Maneewongwathana *and* Mary L. Wilson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Dennis L. Dodson *hereby certify that on the* 1 *day of* Jan, *one thousand nine hundred and* 82 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Surakij Maneewongwathana *of* Ind *County, State of* Thailand *and, Bride* Mary L. Wilson *of* Ind *County, State of* Hendricks *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*

Dated this 28 *day of* Dec., 19 81.

Signed Dennis L. Dodson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 4 *day of* Jan, 19 81.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 630

File

12-23-81
Date of Application

MALE
Medical Examination Report Dated 12-2-81
Name of Physician Kathy Deasy

FEMALE
Medical Examination Report Dated 12-2-81
Name of Physician Kathy Deasy

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Russell Middle Dale Last Hochstetler

Date of Birth: Month March Day 31 Year 56

Place of Birth (State or foreign country): Breman, In

Residence Address: Street or R. R. 1702 Sycamore City Pfd County Hend State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) drivers lic. w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Howard Hochstetler
   Residence of father (if deceased so state): Breman, In
   Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Leona Grace Kamp
   Residence of mother (if deceased so state): Breman, 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 Russell D. Hochstetler

New Address 1702 Sycamore, Plainfield, In.

Subscribed and sworn to before me this 23 day of Dec, 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Phyllis Middle Jean Last Dodd

Date of Birth: Month Dec. Day 27 Year 49

Place of Birth (State or foreign country): Indpls., In

Residence Address: Street or R. R. 1702 Sycamore City Pfd County Hend State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) drivers lic w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Matthew Dodd
   Andrew Dodd
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Harlan G. Mitchell
   Residence of father (if deceased so state): Cicero, In
   Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Ruby M. Byers
   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 Phyllis J. Dodd

New Address 1702 Sycamore Dr. Plainfield

Subscribed and sworn to before me this 23 day of Dec, 81

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 29th *day of* Dec., *19* 81, *authorizing the joining together as husband and wife* Russell D. Hochstetler *and* Phyllis J. Dodd

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Robert Yount *hereby certify that on the* 1 *day of* June, *one thousand nine hundred and* 81, *at* Mooresville, *County of* Morgan, *State of Indiana, Groom* Russell D. Hochstetler *of* Hendricks *County, State of* Ind, *and, Bride* Phyllis J. Dodd *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* ..... *County.*

Dated this 1 *day of* June, *19* 81.

Signed Robert Yount

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 4 *day of* June, *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. 631

File

Dec. 23, 1981
Date of Application

MALE
Medical Examination Report Dated 12-21-81
Name of Physician James Black

FEMALE
Medical Examination Report Dated 12-21-81
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 Samuel Middle H. Last Anderson

Date of Birth: Month Dec. Day 12 Year 08

Place of Birth (State or foreign country) Tenn.

Residence Address: Street or R. R. Rt 2 Box 340 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) 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 Elijah W. Anderson
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Tenn.
9. Full maiden name of mother Cynthia Levin
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Tenn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Samuel H Anderson
New Address R R 2 Box 340 Danville Ind

Subscribed and sworn to before me this 23 day of Dec, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Helen Middle Christine Last Webb

Date of Birth: Month June Day 24 Year 1919

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 2 Box 341 City Danville County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wesley Brown
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Lulu Lines
   Residence of mother (if deceased so state) Danville
   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 Helen Christine Webb
New Address R R 2 Box 340 Danville In

Subscribed and sworn to before me this 23 day of Dec, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Clerks Office County Circuit Court by written order issued 3 day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 23 *day of* Dec., 19 81, *authorizing the joining together as husband and wife* Samuel H. Anderson *and* Helen Christine Webb

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John O. McIntyre *hereby certify that on the* 23 *day of* December, *one thousand nine hundred and* 81 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Samuel H. Anderson *of* Hendricks *County, State of* Indiana, *and, Bride* Helen Christine Webb *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 23 *day of* December, 19 81.

Signed John O. McIntyre
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28 *day of* December, 19 81.

Signed Mary Jane Russell *Clerk*
Hendricks *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 632

File

Dec 23, 1981
Date of Application

MALE
Medical Examination Report Dated 12-21-81
Name of Physician C. Heinlein

FEMALE
Medical Examination Report Dated 12-21-81
Name of Physician C. Heinlein

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Randolph Middle Herman Last Andry
Date of Birth: Month November Day 25 Year 1962
Place of Birth (State or foreign country) Beech Grove, Indiana
Residence Address: Street or R. R. RR #3 Box 324A 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 Lowell F. Andry
   Residence of father (if deceased so state) Clayton, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Linda K. Higgins
   Residence of mother (if deceased so state) Clayton, Indiana
   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 Randolph Herman Andry
New Address San Diego, CA.
Subscribed and sworn to before me this 23 day of Dec, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

FEMALE APPLICANT

Name: First Michael Middle Ann Last Bray
Date of Birth: Month July Day 3 Year 1963
Place of Birth (State or foreign country) Marion Co. Indiana
Residence Address: Street or R. R. RR #1 Box 150 City Coatesville County State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Carroll Bray
   Residence of father (if deceased so state) Coatesville, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Janice Lee Taylor
   Residence of mother (if deceased so state) Memphis, Tenn
   Birthplace of mother (State or foreign 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 Ann Bray
New Address San Diego, CA
Subscribed and sworn to before me this 23 day of Dec, 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... 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 Waiver and filed in V. Hilton authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 23 *day of* Dec, 19 81, *authorizing the joining together as husband and wife* Randolph H. Andry *and* Michael A. Bray. *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, Allan Harlan *hereby certify that on the* 26 *day of* Dec, *one thousand nine hundred and* 81, *at* Greencastle, *County of* Hendricks, *State of Indiana, Groom* Randolph H. Andry *of* Hendricks *County, State of* Ind, *and, Bride* Michael A. Bray *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* ..... *County.*

Dated this 26 *day of* Dec, 19 81.

Signed A. Allan Harlan
Official Designation Reverend

Filed and recorded in accordance with the laws of the State of Indiana this 4 *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. 633

File

12-24-81
Date of Application

MALE
Medical Examination Report Dated 12-16-81
Name of Physician Michael Manzie

FEMALE
Medical Examination Report Dated 12-16-81
Name of Physician Michael Manzie

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Paul, Middle J., Last Tooley
Date of Birth: Month Oct, Day 13, Year 1938
Place of Birth (State or foreign country)
Residence Address: Street or R. R. 94 N. Cross, City Danville, County Hend, State In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) drivers lic / w picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Brian Tooley
   Maureen Tooley
   Patrick Tooley
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Stanley M. Tooley
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary C. Ryan
   Residence of mother (if deceased so state) Indpls.
   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 Paul J. Tooley
New Address 94 N. Cross Danville

Subscribed and sworn to before me this 24 day of Dec., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 K., Last Painter
Date of Birth: Month Jan, Day 2, Year 1956
Place of Birth (State or foreign country)
Residence Address: Street or R. R. 94 N. Cross, City Danville, County Hend, State In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) drivers lic w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Brandon Painter
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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 H. Wilder
   Residence of father (if deceased so state) Fort Wayne, In
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Vivian E. Witte
   Residence of mother (if deceased so state) Ft. Wayne
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Debra K. Painter
New Address 94 N. CROSS ST. DANVILLE

Subscribed and sworn to before me this 24 day of Dec., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 31st *day of* Dec, 19 81, *authorizing the joining together as husband and wife* Paul L. Tooley *and* Debra K. Painter

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer *hereby certify that on the* 31 *day of* December, *one thousand nine hundred and* 81 *at* Danville, *County of* Hendricks *State of Indiana, Groom* Paul L. Tooley *of* Hendricks *County, State of* Indiana *and, Bride* Debra K. Painter *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* December, 19 81.

Signed John C. Mowrer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 4 *day of* January, 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. 634
File 43
12-24-81
Date of Application

MALE
Medical Examination Report Dated 12-23-81
Name of Physician Harvey Himelstein

FEMALE
Medical Examination Report Dated 12-23-81
Name of Physician Harvey Himelstein

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Stephen Middle [illegible] Last Coning
Date of Birth: Month 1 Day 6 Year 48
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. Rt 1 Box 447 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. Stat.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Elizabeth Hope Coning
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Woodrow J. Coning
   Residence of father (if deceased so state) Richmond Ind.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Elizabeth A. Kreitzer
   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 [illegible]
New Address RR1 Box 447 Plainfield Ind
Subscribed and sworn to before me this 24 day of Dec., 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 J. Last Shotwell
Date of Birth: Month 8 Day 31 Year 49
Place of Birth (State or foreign country) Ill.
Residence Address: Street or R. R. RR1 Box 447 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/Stat.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 M. Shotwell
   Melissa S. Shotwell
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James D. Bond
   Residence of father (if deceased so state) Robinson Ill.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Edna S. Strole
   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 Susan Shotwell
New Address RR1 Box 447 Plainfield Ind
Subscribed and sworn to before me this 24 day of Dec., 1981
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 24 *day of* Dec. *, 19*81*, authorizing the joining together as husband and wife* STEPHEN CONING *and* SUSAN J. SHOTWELL

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JERRY R. DISBRO *hereby certify that on the* 1st *day of* Jan., *one thousand nine hundred and* 82, *State of Indiana, Groom* STEPHEB CONING *of* INDIANAPOLIS, *County of* MARION, *and, Bride* SUSAN J. SHOTWELL *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 1st *day of* Jan., *19*82.

Signed JERRY R. DISBRO
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 5th *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. 635

File

12-24-81
Date of Application

MALE
Medical Examination Report Dated 12-23-81
Name of Physician John P. Calhoon

FEMALE
Medical Examination Report Dated 12-23-81
Name of Physician John P. Calhoon

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Donald, Middle E., Last Wingler

Date of Birth: Month April, Day 16, Year 1954

Place of Birth (State or foreign country) Indianapolis, Ind.

Residence Address: Street or R. R. R 6 Box 66, 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 Jess Wingler Jr.
   Residence of father (if deceased so state) Coatesville, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jean Myers
   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 Donald E. Wingler

New Address RR#6 Box 66 Danville, Ind.

Subscribed and sworn to before me this 24 day of Dec, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Christine, Middle A., Last Burkert

Date of Birth: Month Dec., Day 15, Year 1954

Place of Birth (State or foreign country) Indianapolis, Ind.

Residence Address: Street or R. R. R. 6 Box 66, 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.
   Tina Michelle Brinkman
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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 Wm. Stahill
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Pennsylvania
9. Full maiden name of mother Gloria June Sanborn
   Residence of mother (if deceased so state) Brownsburg, Ind.
   Birthplace of mother (State or foreign country) Pennsylvania

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Christine A. Burkert

New Address .....

Subscribed and sworn to before me this 24 day of Dec, 19 81.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 28 *day of* Dec, *19* 81, *authorizing the joining together as husband and wife* Donald E. Wingler *and* Christine A. Burkert

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jim Fierek *hereby certify that on the* 15 *day of* Jan., *one thousand nine hundred and* 82 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Donald E. Wingler *of* Hendricks *County, State of* IN *and, Bride* Christine A. Burkert *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* ..... *County.*

Dated this 15 *day of* Jan., *19* 82.

Signed Jim Fierek

Official Designation Judge Pro-Tem

Filed and recorded in accordance with the laws of the State of Indiana this 18 *day of* Jan., *19* 82.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

No. 636

File

Date of Application 12-24-81

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 12-4-81
Name of Physician Lovall

FEMALE
Medical Examination Report Dated 12-4-81
Name of Physician Lovall

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Richard Middle Alan Last Wisker
Date of Birth: Month 5 Day 11 Year 1957
Place of Birth (State or foreign country) Shelbyville Ind.
Residence Address: Street or R. R. 6107 West Lake S. Dr. City Indpls County Marion State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 John Wisker
   Residence of father (if deceased so state) Shelbyville Ind
   Birthplace of father (State or foreign country) Shelbyville Ind
9. Full maiden name of mother Thelma Jean Chappelow
   Residence of mother (if deceased so state) Shelbyville Ind
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Richard Wisker
New Address 104 Ashbury Pk. Moresville Ind 46158
Subscribed and sworn to before me this 24 day of December 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Nancy Middle Jean Last Ferree
Date of Birth: Month 9 Day 8 Year 1958
Place of Birth (State or foreign country) Mattoon Ill
Residence Address: Street or R. R. 111 E College 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Frederick Ferree
   Residence of father (if deceased so state) Brownsburg Ind
   Birthplace of father (State or foreign country) Mattoon Ill
9. Full maiden name of mother Mary Lois Young
   Residence of mother (if deceased so state) Brownsburg Ind
   Birthplace of mother (State or foreign country) Tipton Co. 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 Jean Ferree
New Address 104 Ashbury Pk. Moresville 46158
Subscribed and sworn to before me this 24 day of December 1981.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 28 *day of* Dec., 19 81, *authorizing the joining together as husband and wife* Richard Alan Wisker *and* Nancy Jean Ferree

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Janice L. Chilewski *hereby certify that on the* 2nd *day of* January *one thousand nine hundred and* 82 *at* Brownsburg, *County of* Hendricks *State of Indiana, Groom* Richard Alan Wisker *of* Morgan *County, State of* Indiana *and, Bride* Nancy Jean Ferree *of* Hendricks *County, State of* Indiana *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 2nd *day of* January, 19 82.

Signed Janice S. Chilewski
Official Designation Deputy Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 4 *day of* January, 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. 637
File 43
12-28-81
Date of Application

MALE
Medical Examination Report Dated 12-28-81
Name of Physician D. M. Hadley

FEMALE
Medical Examination Report Dated 12-28-81
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 David Middle C. Last Covalt
Date of Birth: Month 3 Day 1 Year 62
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 413 Wayside Dr. City Pfgd. 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 James C. Covalt
   Residence of father (if deceased so state) Pfgd. Ind.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Doris E. Utt
   Residence of mother (if deceased so state) Indpls. Ind.
   Birthplace of mother (State or foreign country) California

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X David Covalt
New Address 1247 E. Township Rd. Pfgd. In

Subscribed and sworn to before me this 28 day of Dec., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Robin Middle M. Last Hartung
Date of Birth: Month 6 Day 2 Year 61
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 1247 E. Township Rd. City Pfgd. County State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Divorce file w/ pict.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert E. Hartung
   Residence of father (if deceased so state) Pfgd. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Patricia P. Hartwell
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Robin Hartung
New Address 1247 E. Township Rd. Pfgd.

Subscribed and sworn to before me this 28 day of Dec., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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-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* 28 *day of* Dec., 19 81, *authorizing the joining together as husband and wife* David C. Covalt *and* Robin M. Hartung

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Dewey A. Thackston *hereby certify that on the* 31 *day of* Dec, *one thousand nine hundred and* 81 *at* Pfgd, *County of* Hendricks, *State of Indiana, Groom* David A. Thackston *of* Hendricks *County, State of* IN *and, Bride* Robin M. Hartung *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* Dec, 19 81.

Signed Dewey Thackston
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6 *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. 639

File

12-29-81
Date of Application

MALE
Medical Examination Report Dated 12-10-81
Name of Physician Jos. Kerlin

FEMALE
Medical Examination Report Dated 12-10-81
Name of Physician Jos. 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 Charles Middle E. Last Reeves Jr.
Date of Birth: Month 5 Day 24 Year 1959
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R. R. 316 E Main St. City Danville County Hend. State Ind
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Reeves Sr.
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Phyllis A. Small
   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 Charles E Reeves Jr
New Address Danville

Subscribed and sworn to before me this 29 day of December, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 Lee Last Hankins
Date of Birth: Month 2 Day 4 Year 1958
Place of Birth (State or foreign country) Indpls Ind
Residence Address: Street or R. R. 9 N. Jefferson City B'burg County Hend. State Ind
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Hankins
   Residence of father (if deceased so state) B'burg Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Anna L. Earl
   Residence of mother (if deceased so state) B'burg. Ind.
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Pamela L Hankins
New Address Danville

Subscribed and sworn to before me this 29 day of December 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 9th *day of* January, *19* 82, *authorizing the joining together as husband and wife* CHARLES E. REEVES JR. *and* PAMELA LEE HANKINS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, REV. JERRY G. VAN LUE *hereby certify that on the* 9th *day of* Jan., *one thousand nine hundred and* 82, *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* CHARLES E. REEVES JR. *of* HENDRICKS *County, State of* INDIANA, *and, Bride* PAMELA LEE HANKINS *of* HENDRICKS *County, State of* INDIANA, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*

Dated this 9th *day of* January, *19* 82.

Signed REV. JERRY G. VAN LUE
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 12th *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. 639

File

12-29-81
Date of Application

MALE
Medical Examination Report Dated 12-16-81
Name of Physician Harris

FEMALE
Medical Examination Report Dated 12-14-81
Name of Physician Harris

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Steven Middle Dale Last Hartsock
Date of Birth: Month 8 Day 1 Year 1961
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R. R. 150 N. Center City Pfd County Hend. State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Stephen Hartsock
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty G. Shaw
   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 Steven D Hartsock
New Address 150 N CENTER ST PFD IN
Subscribed and sworn to before me this 29 day of December, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of 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 Rene Last Michael
Date of Birth: Month 9 Day 29 Year 1961
Place of Birth (State or foreign country) Beech Grove, Ind.
Residence Address: Street or R. R. 616 Lakeside Dr. City Pfd. County Hend. State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 W. Michael
   Residence of father (if deceased so state) Pfd Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Judith Ann Fuller
   Residence of mother (if deceased so state) Pfd 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 Rene' Michael
New Address 150 N Center St Pfd, In
Subscribed and sworn to before me this 29 day of Dec., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 4 *day of* Jan *, 19*82*, authorizing the joining together as husband and wife* Steven Dale Hartsock *and* Kimberly Rene' Michael

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Ronald W. Michael *hereby certify that on the* 9 *day of* Jan. *, one thousand nine hundred and* 82 *at* Pfd. *, County of* Hend. *, State of Indiana, Groom* Steven Dale Hartsock *of* Hend. *County, State of* IN *and, Bride* Kimberly Rene' Michael *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 ..... County.*

Dated this 9 *day of* Jan. *, 19*82*.

Signed Ronald W. Michael
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14 *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. 640
File 43
12-29-81
Date of Application

MALE
Medical Examination Report Dated 12-26-81
Name of Physician D. B. Haggard

FEMALE
Medical Examination Report Dated 12-26-81
Name of Physician D. B. Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Leonard; Middle Wm.; Last Frederick
Date of Birth: Month 3; Day 6; Year 47
Place of Birth (State or foreign country): Ind.
Residence Address: Street or R. R. 707 S. E. St.; City Plfd.; County; State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Leonard Frederick II
   Gary R. Frederick
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Willard L. Frederick
   Residence of father (if deceased so state) Plfd. Ind.
   Birthplace of father (State or foreign country) Arkansas
9. Full maiden name of mother Mary H. Newlin
   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 Leonard W. Frederick
New Address Rt 1 Box 180 Clayton Ind.
Subscribed and sworn to before me this 29 day of Dec., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Betty; Middle Sue; Last Stepp
Date of Birth: Month 8; Day 14; Year 48
Place of Birth (State or foreign country) Tennessee
Residence Address: Street or R. R. Rt 1 Box 180; City Clayton; County; State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Randall Stepp
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 H. McBride
   Residence of father (if deceased so state) Clayton Ind.
   Birthplace of father (State or foreign country) Tenn.
9. Full maiden name of mother Addie Lee Bailey
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Tenn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Betty Sue Stepp
New Address R. R. 1 Box 180 Clayton Ind.
Subscribed and sworn to before me this 29 day of Dec., 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 29 *day of* Dec., *19* 81, *authorizing the joining together as husband and wife* Leonard E. Frederick *and* Betty Sue Stepp
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, B. Vernon *hereby certify that on the* 2 *day of* Jan., *one thousand nine hundred and* 82, *at* 7:00, *County of* Marion, *State of Indiana, Groom* Hendricks *County, State of* IN *and, Bride* Betty Sue Stepp *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* ..... *County.*
Dated this 2 *day of* Jan *, 19* 82.

Signed Vernon E. Coleman
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 *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. 641

File

12-30-81
Date of Application

MALE
Medical Examination Report Dated 12-29-81
Name of Physician Ludmula Trammell

FEMALE
Medical Examination Report Dated 12-28-81
Name of Physician Luda Trammell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Dale Middle D. Last Clark
Date of Birth: Month 9 Day 14 Year 1954
Place of Birth (State or foreign country) Lebanon, Ind.
Residence Address: Street or R. R. 603 Barbine City Lebanon County State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joseph Donald Clark
   Residence of father (if deceased so state) Lebanon, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Clara Mae Jackson
   Residence of mother (if deceased so state) Lebanon, 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 Dale D. Clark
New Address 2255 W. BROADWAY 6114 ANAHEIM CA
Subscribed and sworn to before me this 30 day of Dec, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Rita Middle M. Last Muncy
Date of Birth: Month 2 Day 8 Year 1952
Place of Birth (State or foreign country) Belleville Indiana
Residence Address: Street or R. R. 419 N. East St. City Plainfield County State Indiana
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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 Parris W. Muncy
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Alzie Ray Frederick
   Residence of mother (if deceased so state) Plainfield, Ind.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rita M. Muncy
New Address
Subscribed and sworn to before me this 30 day of Dec, 19 81.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior Court by written order issued 3 day waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 30th *day of* December, *19* 81, *authorizing the joining together as husband and wife* DALE DEE CLARK *and* RITA MAY MUNCY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM SPENCER GILLESPIE *hereby certify that on the* 2 *day of* Jan., *one thousand nine hundred and* 82 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* DALE DEE CLARK *of* BOONE *County, State of* INDIANA *and, Bride* RITA MAY MUNCY *of* HENDRICKS *County, State of* INDIANA, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*

Dated this second *day of* January, *19* 82.

Signed WILLIAM SPENCER GILLESPIE
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 5th *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. ~~1010~~ 1
File 43
1-4-82
Date of Application

MALE
Medical Examination Report Dated 12-23-81
Name of Physician M. Sergeespada

FEMALE
Medical Examination Report Dated 12-23-81
Name of Physician M. Sergeespada

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Pardue Jr.
Date of Birth: Month 5 Day 12 Year 46
Place of Birth (State or foreign country) Iowa
Residence Address: Street or R. R. 1003 Apt 4 City Valley View Dr. County Plfd. State Ind.
Previous 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.
   Kenneth Ray Pardue Jr.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Carlos P. Pardue
   Residence of father (if deceased so state) Clayton Ind.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Marie Ap. York
   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 X Kenneth R. Pardue
New Address 1003 APT. 4 VALLEY VIEW PLAIN Field IND.

Subscribed and sworn to before me this 4 day of Jan, 19 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Martha Middle Yanetth Last Zuluaga
Date of Birth: Month 2 Day 17 Year 60
Place of Birth (State or foreign country) Columbia S. America
Residence Address: Street or R. R. 1003 Apt 4 City Valley View Dr. County Plfd State Ind
Previous 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.
   Fabian Andres Elias
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Pedro Leon Echeverry
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Columbia S. America
9. Full maiden name of mother Dioselina M. Benavides
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Same

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Martha Y. Zuluaga
New Address 1003 APT 4 Valley View Dr.

Subscribed and sworn to before me this 4 day of Jan, 19 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....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 I 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* 5 *day of* Jan, 19 81, *authorizing the joining together as husband and wife* Kenneth Ray Pardue Jr. *and* Martha Yanetth Zuluaga *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, John C. Moore *hereby certify that on the* 5 *day of* Jan, *one thousand nine hundred and* 82, *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Kenneth R. Pardue Jr. *of* Hendricks *County, State of* Ind, *and, Bride* Martha Y. Zuluaga *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* Jan, 19 82.

Signed John C. Moore
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 5 *day of* Jan, 19 82.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*