

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

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
**HENDRICKS** County

No. 307  
File \_\_\_\_\_  
Date of Application June 18, 1982

**MALE**  
Medical Examination Report Dated 6-14-82  
Name of Physician Hubert Hobbs M.D.

**FEMALE**  
Medical Examination Report Dated 6-14-82  
Name of Physician Hubert Hobbs 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 Richard E. Belcher  
Date of Birth June 30, 1957  
Place of Birth (State or foreign country) Marion Co. Ind.  
Residence Address 72 Clinton Ch. Nashville Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Earl R. Belcher  
Residence of father (if deceased so state) Plainsville Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Shirley Ann Brown  
Residence of mother (if deceased so state) Plainsville Ind.  
Birthplace of mother (State or foreign country) Indiana

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

Signed Richard E. Belcher  
New Address 7440 Waterfront Dr. Apt. 210 Indianapolis 46224

Subscribed and sworn to before me this 18 day of June, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**  
Name Christa L. Collins  
Date of Birth March 25, 1957  
Place of Birth (State or foreign country) Marion Co. Ind.  
Residence Address 7456 Bentley Dr. Indianapolis Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Clayton Mark Collins  
Residence of father (if deceased so state) deceased  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Elythe Mae Armstrong  
Residence of mother (if deceased so state) Nashville Ind.  
Birthplace of mother (State or foreign country) Ohio

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

Signed Christa L. Collins  
New Address 7440 Waterfront Dr. Apt. 210 Indianapolis 46224

Subscribed and sworn to before me this 18 day of June, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 25 day of June, 1982, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, \_\_\_\_\_ hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, at \_\_\_\_\_, County of \_\_\_\_\_, State of Indiana, Groom \_\_\_\_\_ 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

No. 308  
File June 18, 1982  
Date of Application

MALE  
Medical Examination Report Dated 6-16-82  
Name of Physician Garnet Harris

FEMALE  
Medical Examination Report Dated 6-14-82  
Name of Physician Garnet Harris

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

## MALE APPLICANT

Name Harry Allen Warrenburg  
Date of Birth April 14 1939  
Place of Birth Marion County  
Residence Address 2 Hedgewood Lane Dillie Hend In  
Previous Marital 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

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Stanford Rose Warrenburg  
Residence of father (if deceased so state) Marion Co.  
Birthplace of father (State or foreign country) Marion Co.  
9. Full maiden name of mother Cula Ettie Logston  
Residence of mother (if deceased so state) Deceased  
Birthplace of mother (State or foreign country) Ky

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

Signed Harry Allen Warrenburg

New Address 2 Hedgewood Lane

Subscribed and sworn to before me this 18 day of June 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, Hendricks } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name Patricia Lynn Cave  
Date of Birth April 22 1949  
Place of Birth Marion County  
Residence Address 2 Hedgewood Lane Dillie Hend In  
Previous Marital 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

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒  
If answer is "yes", it is required that this Application be 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) D'ville  
Birthplace of father (State or foreign country) D'ville  
9. Full maiden name of mother Elizabeth Anita Stewart  
Residence of mother (if deceased so state) D'ville  
Birthplace of mother (State or foreign country) Pittsboro

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

Signed Patricia L. Cave

New Address 2 Hedgewood Lane

Subscribed and sworn to before me this 18 day of June 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, Hendricks } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 25 day of June 1982, authorizing the joining together as husband and wife

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

1. William P. Hendricks and Patricia Lynn Cave

one thousand nine hundred and 82-25 hereby certify that on the 25 day of June

State of Indiana, Groom Harry Allen Warrenburg of Hendricks County, State of Indiana

and, Bride Patricia Lynn Cave 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 25 day of June 1982

Signed William P. Hendricks

Official Designation 30 day of June 1982

Signed Mary Jane Russell Clerk Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 309  
File  
6-21-82  
Date of Application

MALE  
Medical Examination Report Dated 6-2-82  
Name of Physician Stephen Chiarello, M.D.

FEMALE  
Medical Examination Report Dated 6-3-82  
Name of Physician Stephen Chiarello, 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 Middle Last  
Ralph Shoup, Jr.  
Date of Birth Month Day Year  
9 25 1943  
Place of Birth (State or foreign country)  
Cleveland, Ohio  
Residence Address Street or R. R. City County State  
P.O. Box 1081, Punta Gorda, 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) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

6. List the full names of any dependent children  
Heather Shoup - 19  
Suzanne Shoup - 15

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒

If answer is "yes", it is required that this Application be 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 Robert Shoup  
Residence of father (if deceased so state): Indiana

Birthplace of father (State or foreign country): Pennsylvania

9. Full maiden name of mother: Elizabeth Klatz  
Residence of mother (if deceased so state): Cleveland, Ohio

Birthplace of mother (State or foreign country): Cleveland, Ohio

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

Signed: Ralph Shoup  
New Address: 1612 DECATUR ST. PORT CHARLOTTE, FL 33952

Subscribed and sworn to before me this 21st day of June, 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, HENDRICKS } ss:  
County of

Signed: \_\_\_\_\_ Father

Signed: \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name First Middle Last  
Nina Lumpkin  
Date of Birth Month Day Year  
9 26 1955  
Place of Birth (State or foreign country)  
Indianapolis, Indiana  
Residence Address Street or R. R. City County State  
P.O. Box 1081, Punta Gorda, 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) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐

6. List the full names of any dependent children

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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 Howard Lumpkin  
Residence of father (if deceased so state): Indiana

Birthplace of father (State or foreign country): Canada

9. Full maiden name of mother: Mary Belle Whipple  
Residence of mother (if deceased so state): Indiana

Birthplace of mother (State or foreign country): Indiana

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

Signed: Nina Lumpkin  
New Address: 1612 DECATUR ST. PORT CHARLOTTE, FL

Subscribed and sworn to before me this 21st day of June, 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, HENDRICKS } ss:  
County of

Signed: \_\_\_\_\_ Father

Signed: \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 25th day of June, 1982, authorizing the joining together as husband and wife of Ralph Shoup, Jr. and NINA LUMPKIN.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Raymond L. Rader, hereby certify that on the 26 day of June, one thousand nine hundred and eighty-two, at 1120, County of Hend. State of Indiana, Groom Ralph Shoup, Jr. of Charlotte County, State of Florida and, Bride NINA LUMPKIN of Charlotte County, State of Florida were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 26 day of June, 1982.

Signed: Rev. Raymond L. Rader  
Official Designation: Pastor

Signed: Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of June, 1982



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. ~~308~~ 310  
File  
6-22-82  
Date of Application

MALE  
Medical Examination Report Dated 6-15-82  
Name of Physician David Naggard

FEMALE  
Medical Examination Report Dated 6-15-82  
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 Charles Edward Baesch  
Date of Birth 2 7 1958  
Place of Birth (State or foreign country) Long Beach, New York  
Residence Address 923 Gary Dr. Plainfield, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Divorced License

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Charles Baesch  
Residence of father (if deceased so state) Plainfield, Ind.  
Birthplace of father (State or foreign country) New York  
9. Full maiden name of mother Elizabeth Jean Long  
Residence of mother (if deceased so state) Plainfield, Ind.  
Birthplace of mother (State or foreign country) New York

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

Signed Charles Edward Baesch

New Address 1348 Linwood Ct Terrace Haute IN 47802

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss: \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk \_\_\_\_\_

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 26th day of June, 1982, 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, William B. Clayton hereby certify that on the 26 day of June, County of Hendricks, State of Indiana, one thousand nine hundred and eighty-two at Plainfield County, State of Indiana, and, Bride Cynthia Marie Schlegel 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 26 day of June, 1982. Signed William B. Clayton Official Designation Deputy \_\_\_\_\_ Clerk

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1982. Signed William B. Clayton \_\_\_\_\_ Clerk

## FEMALE APPLICANT

Name Cynthia Marie Schlegel  
Date of Birth 2 14 1959  
Place of Birth (State or foreign country) Terre Haute, Indiana  
Residence Address RR 1 Box 8, Plainfield, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Divorced License

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

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

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

Signed Cynthia Marie Schlegel

New Address 1348 Linwood Court Terrace Haute IN 47802

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss: \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk \_\_\_\_\_



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 311  
File \_\_\_\_\_  
Date of Application 6-22-82

MALE  
Medical Examination Report Dated 6-11-82  
Name of Physician A. Longford

FEMALE  
Medical Examination Report Dated 6-14-82  
Name of Physician J. 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 David A. Gunkle  
Date of Birth March 20 1954  
Place of Birth (State or foreign country) Indianapolis, In  
Residence Address Box 72 105 N. Pearl Ave, In  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Allen Gunkle  
Residence of father (if deceased so state) Ind, In  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Florence Maxine McKay  
Residence of mother (if deceased so state) deceased  
Birthplace of mother (State or foreign country) Indiana

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

Signed David A. Gunkle  
New Address Box 72 105 N. Pearl Ave, Ind

Subscribed and sworn to before me this 22 day of June, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

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

FEMALE APPLICANT  
Name Rachel A. VanArsdale  
Date of Birth April 5 1959  
Place of Birth (State or foreign country) Indianapolis, In  
Residence Address P.O. Box 32 105 N. Pearl St, Ind, In  
Previous Marital 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
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - List the full names of any dependent children.

Dustin Ann VanArsdale 5  
Justin Wayne VanArsdale 3

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Steve Davis  
Residence of father (if deceased so state) Indianapolis, In  
Birthplace of father (State or foreign country) Ind  
9. Full maiden name of mother Ma Gladis Comer  
Residence of mother (if deceased so state) Indianapolis, In  
Birthplace of mother (State or foreign country) Ind

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

Signed Rachel A. VanArsdale  
New Address Box 72 105 N. Pearl Ave, Ind

Subscribed and sworn to before me this 22 day of June, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 22 day of June, 1982, authorizing the joining together as husband and wife of David A. Gunkle and Rachel A. VanArsdale.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Gary S. Linton hereby certify that on the 10 day of July, 1982, at North Salem, County of Hendricks, State of Indiana, Groom David A. Gunkle and, Bride Rachel A. VanArsdale 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 July, 1982.

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1982.

Signed Gary S. Linton  
Official Designation Recorder  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 312  
File 6-22-82  
Date of Application

MALE  
Medical Examination Report Dated 6-21-82  
Name of Physician Adley

FEMALE  
Medical Examination Report Dated 6-21-82  
Name of Physician Adley

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

## MALE APPLICANT

Name Albert Hall  
Date of Birth March 29 1915  
Place of Birth (State or foreign country) Indiana  
Residence Address RR1 Box 360 Plainfield Hendricks IN  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License w/picture

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 L. Hall  
Residence of father (if deceased so state) Deceased  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Lois M. Newlin  
Residence of mother (if deceased so state) Plainfield, IN  
Birthplace of mother (State or foreign country) Indiana

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

Signed Robert Hall  
New Address RR1 Box 360 Plainfield, Ind.

Subscribed and sworn to before me this 22 day of June, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name Barbara Stephey  
Date of Birth February 9 1933  
Place of Birth (State or foreign country) Indiana  
Residence Address 21 Michael Dr. Plainfield Hendricks IN  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License w/picture

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Selzer  
Residence of father (if deceased so state) Indianapolis, IN  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Mary Shawn Foltz  
Residence of mother (if deceased so state) Deceased  
Birthplace of mother (State or foreign country) Indiana

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

Signed Barbara Stephey  
New Address RR1 Box 360

Subscribed and sworn to before me this 22 day of June, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the 22 day of June, 1982, authorizing the joining together as husband and wife of Albert Hall and Barbara Stephey.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Ron Hallock hereby certify that on the 25 day of June, 1982, at \_\_\_\_\_ County of \_\_\_\_\_

one thousand nine hundred and 82 at \_\_\_\_\_ County, State of \_\_\_\_\_  
State of Indiana, Groom Albert Hall of \_\_\_\_\_ County, State of \_\_\_\_\_  
and, Bride Barbara Stephey 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 25 day of June, 1982. Signed Ron Hallock  
Official Designation Justice

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of June, 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. 313  
File 6-24-82  
Date of Application

**MALE**  
Medical Examination Report Dated 6-22-82  
Name of Physician Admilla O. Trammell

**FEMALE**  
Medical Examination Report Dated 6-23-82  
Name of Physician Admilla O. Trammell

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

**MALE APPLICANT**

Name Phillip W. Shuler  
Date of Birth 4 9 1952  
Place of Birth (State or foreign country) Terre Haute, Ind.  
Residence Address 912 Highlander, Plainfield, Ind.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Chronic 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 Franklin Shuler  
Residence of father (if deceased so state) Plainfield, Ind.  
Birthplace of father (State or foreign country) Morrisville, Ind.  
9. Full maiden name of mother Betty Jean Carpenter  
Residence of mother (if deceased so state) Plainfield, Ind.  
Birthplace of mother (State or foreign country) Morrisville, Ind.

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

Signed Phillip W. Shuler

New Address 912 Highlander, Plainfield

Subscribed and sworn to before me this 24th day of June, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Vickie Price  
Date of Birth 9 30 1955  
Place of Birth (State or foreign country) Winchester, Ind.  
Residence Address 912 Highlander, Plainfield, Ind.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☒  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Chronic License

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

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Robert Eugene Haze  
Residence of father (if deceased so state) Winchester, Ind.  
Birthplace of father (State or foreign country) Kentucky  
9. Full maiden name of mother Nelen Frances Barnett  
Residence of mother (if deceased so state) Winchester, Ind.  
Birthplace of mother (State or foreign country) Lawrenceburg, Ind.

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

Signed Vickie Price

New Address 912 Highlander Plainfield

Subscribed and sworn to before me this 24th day of June, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day 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 #1 Court by written order issued 3-14-82 and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24th day of June, 1982, authorizing the joining together as husband and wife

Be it further remembered the following marriage certificate was filed in my office, to-wit:  
I, Dewey A. Shackston

hereby certify that on the 27 day of June, 1982, at Plainfield, County of Hendricks, State of Indiana, Groom Phillip W. Shuler and Vickie Price

and, Bride Vickie Price of Ind. 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 27 day of June, 1982

Signed Dewey A. Shackston

Official Designation Minister of the Gospel

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of June, 1982



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 314  
File  
6-25-82  
Date of Application

MALE  
Medical Examination Report Dated 6-24-82  
Name of Physician A. N. Scudder

FEMALE  
Medical Examination Report Dated 6-24-82  
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 John Allan Roseboom  
Date of Birth 6/3/1944  
Place of Birth Lebanon, In.  
Residence Address R.R. 1 Box 278 Danville Ind  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

Troy Allen Roseboom  
Kelly Lynn Roseboom

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

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

Signed John Roseboom  
New Address R.R. 1 Box 278 Danville Ind 46122

Subscribed and sworn to before me this 25 day of June 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, Hendricks } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

FEMALE APPLICANT

Name Constance Jean Mills  
Date of Birth 6/1/1947  
Place of Birth Sept, Minnesota  
Residence Address 609 S. School St. B'burg Ind Ia  
Previous Marital 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

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

Nathan Mills  
Michael Shan Mills

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Paul Humphrey  
Residence of father (if deceased so state): B'burg  
Birthplace of father (State or foreign country): Smithville, In  
9. Full maiden name of mother: Jean Margaret Wolfgang  
Residence of mother (if deceased so state): B'burg  
Birthplace of mother (State or foreign country): Minnesota

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

Signed Constance Jean Mills  
New Address R.R. 1 Box 278 Danville, Ind 46122

Subscribed and sworn to before me this 25 day of June 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, Hendricks } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day 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 June, 1982, authorizing the joining together as husband and wife

and \_\_\_\_\_ hereby certify that on the 30 day of June

one thousand nine hundred and eighty-two at Danville, County of Hendricks, State of Indiana

State of Indiana, Groom John Allan Roseboom of Hendricks County, State of Indiana

and, Bride Constance Jean Mills 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 30 day of June, 1982

Signed Mary Jane Russell

Official Designation Clerk of Hendricks County

Signed 30 day of June 1982  
Mary Jane Russell Clerk  
Hendricks Circuit Court

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



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

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
**HENDRICKS** County

No. 315  
File 6-25-82  
Date of Application

**MALE**  
Medical Examination Report Dated June 16, 1982  
Name of Physician Edward Chlinger

**FEMALE**  
Medical Examination Report Dated June 15, 1982  
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 Edward Carter  
Date of Birth Mar 10 1957  
Place of Birth (State or foreign country) Thailand  
Residence Address 5220 W. 102nd St. Bloomington, IN  
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. Francis - Maryland

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father J. B. Carter  
Residence of father (if deceased so state) Fairfax, Va  
Birthplace of father (State or foreign country) Ind.  
9. Full maiden name of mother Mary Cross  
Residence of mother (if deceased so state) Fairfax, Va  
Birthplace of mother (State or foreign country) Ind.

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Don Carter  
New Address 5220 W. 102nd St. Bloomington, IN

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
Clerk **HENDRICKS** Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

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

**FEMALE APPLICANT**

Name Terri Parsons  
Date of Birth 7 11 1959  
Place of Birth (State or foreign country) Lebanon, In.  
Residence Address 199 East Road 200 North Danville, In.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☐ Other (Specify) \_\_\_\_\_

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Adrian Parsons  
Residence of father (if deceased so state) deceased  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Mary Cathrine Price  
Residence of mother (if deceased so state) Danville, In.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Terri Parsons  
New Address 5220 W 102nd St Bloomington, IN

Subscribed and sworn to before me this 25th day of June, 1982.  
Clerk Mary Jane Russell **HENDRICKS** Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the **HENDRICKS** Circuit Court of Indiana dated the 2nd day of July, 1982, authorizing the joining together as husband and wife of Daniel Edward Carter and Terri L. Parsons.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Robert L. Hunter, hereby certify that on the 3 day of July, one thousand nine hundred and 82, at Indianapolis, County of Marion, State of Indiana, Groom Daniel Edward Carter and, Bride Terri L. Parsons 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 3 day of July, 1982.  
Signed Robert L. Hunter  
Official Designation Pastor  
Filed and recorded in accordance with the laws of the State of Indiana this 8 day of July, 1982.  
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

No. 316  
File  
Date of Application 6-28-82

MALE  
Medical Examination Report Dated 6-24-82  
Name of Physician J.C. Kerlin, M.D.

FEMALE  
Medical Examination Report Dated 6-24-82  
Name of Physician J.C. Kerlin, M.D.

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

MALE APPLICANT  
Name First Middle Last  
Date of Birth Month Day Year  
Place of Birth (State or foreign country)  
Residence Address Street or R. R. City County State

FEMALE APPLICANT  
Name First Middle Last  
Date of Birth Month Day Year  
Place of Birth (State or foreign country)  
Residence Address Street or R. R. City County State

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

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

1. Are you now or have you ever been adjudged to be of unsound mind?  
If answer is "yes", has the adjudication been removed?

1. Are you now or have you ever been adjudged to be of unsound mind?  
If answer is "yes", has the adjudication been removed?

2. Are you afflicted with a transmissible disease?

2. Are you afflicted with a transmissible disease?

3. Are you related to the female applicant closer than second cousin?

3. Are you related to the male applicant closer than second cousin?

4. Are you now under the influence of intoxicating liquor?

4. Are you now under the influence of intoxicating liquor?

5. Are you now under the influence of a narcotic drug?

5. Are you now under the influence of a narcotic drug?

6. List the full names of any dependent children.

6. 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 proof that you are in compliance with any court order or orders issued for their support.

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 proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father  
Residence of father (if deceased so state)  
Birthplace of father (State or foreign country)

8. Full name of father  
Residence of father (if deceased so state)  
Birthplace of father (State or foreign country)

9. Full maiden name of mother  
Residence of mother (if deceased so state)  
Birthplace of mother (State or foreign country)

9. Full maiden name of mother  
Residence of mother (if deceased so state)  
Birthplace of mother (State or foreign country)

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

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

Signed  
New Address

Signed  
New Address

Subscribed and sworn to before me this 28th day of June, 1982  
Mary Jane Russell Clerk HENDRICKS Circuit Court

Subscribed and sworn to before me this 28th day of June, 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.

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

State of Indiana, HENDRICKS } ss:  
County of

State of Indiana, HENDRICKS } ss:  
County of

Signed  
Signed

Signed  
Signed

Subscribed and sworn to before me this 28th day of June, 1982  
Mary Jane Russell Clerk

Subscribed and sworn to before me this day of 19

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the \_\_\_\_\_ day of \_\_\_\_\_, 1982, authorizing the joining together as husband and wife of \_\_\_\_\_ and \_\_\_\_\_  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, \_\_\_\_\_ hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ County of \_\_\_\_\_, State of Indiana, Groom \_\_\_\_\_ and \_\_\_\_\_  
one thousand nine hundred and \_\_\_\_\_ at \_\_\_\_\_ County, State of Indiana  
and, Bride \_\_\_\_\_ of \_\_\_\_\_ 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 \_\_\_\_\_ day of \_\_\_\_\_, 1982  
Signed \_\_\_\_\_  
Official Designation \_\_\_\_\_  
Signed \_\_\_\_\_  
Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1982  
Signed \_\_\_\_\_  
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. 317  
File 6-28-82  
Date of Application

**MALE**  
Medical Examination Report Dated 6-23-82  
Name of Physician Wm. Edwards, M.D.

**FEMALE**  
Medical Examination Report Dated 6-24-82  
Name of Physician Edmunda Grammel

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

**MALE APPLICANT**

Name Male First Christian Middle Robert Last Christian  
Date of Birth 4 Month 2 Day 58 Year  
Place of Birth (State or foreign country) Xenia, Ohio  
Residence Address 680 Wilson, Danville, Ind. 46122 Street or R. R. 46122 City Danville County Hendricks State Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Alman's License

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Cyrus Robert Christian  
Residence of father (if deceased so state) Brunswick, Ohio  
Birthplace of father (State or foreign country) Pennsylvania  
9. Full maiden name of mother Jean Louise Carter  
Residence of mother (if deceased so state) Brunswick, Ohio  
Birthplace of mother (State or foreign country) Ohio

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

Signed Dale R. Christian

New Address 680 Wilson St. Danville 46122

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

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Jeresa First Isaacs Middle Waldo Last Isaacs  
Date of Birth 4 Month 20 Day 58 Year  
Place of Birth (State or foreign country) Berea, Kentucky  
Residence Address 347 Vestal Rd., Plainfield, Ind. 46168 Street or R. R. 46168 City Plainfield County Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Alman's License

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Ralph Waldo Isaacs  
Residence of father (if deceased so state) Richmond, Kentucky  
Birthplace of father (State or foreign country) Kentucky  
9. Full maiden name of mother Cecile Harrison  
Residence of mother (if deceased so state) Plainfield, Ind.  
Birthplace of mother (State or foreign country) Kentucky

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

Signed Jeresa A. Isaacs

New Address 680 Wilson St. Danville

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

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 2 day of July, 1982, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Clinton D. Hale and Jeresa Isaacs

one thousand nine hundred and 82 hereby certify that on the 3 day of July,  
State of Indiana, Groom Dale Christian at Indianaapolis, County of Marion  
and, Bride Jeresa Isaacs of Hendricks County, State of Ind.

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 2 day of July, 1982.

Signed Clinton D. Hale

Official Designation Minister  
8 day of July, 1982

Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 318  
File  
6-28-82  
Date of Application

MALE  
Medical Examination Report Dated 6-21-82  
Name of Physician Thomas M. Walker

FEMALE  
Medical Examination Report Dated 6-21-82  
Name of Physician Thomas M. Walker

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

MALE APPLICANT

Name John First Middle A. Last Randall Jr.  
Date of Birth Month 7 Day 17 Year 25  
Place of Birth (State or foreign country) Pendleton, Indiana  
Residence Address R.R. #3, Box 336, Danville, Ind. 46122  
City Danville County Hendricks State Indiana

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

☐ Other (Specify) Drivers License

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father John R. Randall, Sr.  
Residence of father (if deceased so state) Pendleton, Indiana  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Emma Anne Cochran  
Residence of mother (if deceased so state) Pendleton, Indiana  
Birthplace of mother (State or foreign country) Madison Co., Indiana

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

Signed John R. Randall, Sr.  
New Address R.R. #3 Box 336 Danville, Ind. 46122

Subscribed and sworn to before me this 28th day of June, 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, Hendricks } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

FEMALE APPLICANT

Name Marcia First Middle Jane Last Long  
Date of Birth Month 8 Day 22 Year 1941  
Place of Birth (State or foreign country) Bluffton, Indiana  
Residence Address R.R. #3, Box 335A, Danville, Indiana  
City Danville County Hendricks State Indiana

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

☐ Other (Specify) Drivers License

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Mark J. S. Becker  
Residence of father (if deceased so state) Deceased  
Birthplace of father (State or foreign country) Huntington Co., Indiana  
9. Full maiden name of mother Martha Bernette Fisher  
Residence of mother (if deceased so state) Indianapolis, Indiana  
Birthplace of mother (State or foreign country) Wells Co., Indiana

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

Signed Marcia J. Long  
New Address R.R. #3 Box 336 Danville, Ind. 46122

Subscribed and sworn to before me this 28th day of June, 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, Hendricks } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 2nd day of July, 1982, authorizing the joining together as husband and wife of John G. Randall, Jr. and Marcia Jane Long.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Jack W. Elliott, Jr. hereby certify that on the 4th day of July, 1982, at Indianapolis, County of Marion, State of Indiana, Groom John G. Randall, Jr. of Hendricks County, State of Indiana, and Bride Marcia Jane Long 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 4th day of July, 1982.

Signed Jack W. Elliott, Jr.  
Official Designation \_\_\_\_\_, 1982  
Signed Mary Jane Russell  
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



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

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
HENDRICKS County

No. 319  
File 6-28-82  
Date of Application

**MALE**  
Medical Examination Report Dated 6-21-82  
Name of Physician Harris

**FEMALE**  
Medical Examination Report Dated 6-21-82  
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 Christopher S. Lehr  
Date of Birth February 12, 1959  
Place of Birth (State or foreign country) Indiana  
Residence Address 818 W. Main Danville Hendricks IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License w/picture

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

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

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

Signed Christopher V. Lehr

New Address 2114 Laurel Ave Indianapolis 46224

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

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_, Clerk

**FEMALE APPLICANT**

Name Treasa Renee Bowling  
Date of Birth May 11, 1963  
Place of Birth (State or foreign country) Indiana  
Residence Address 11817 W. Rockville Indianapolis Hendricks IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 D. Bowling  
Residence of father (if deceased so state) Clermont, Indiana  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Wilma I. Morris  
Residence of mother (if deceased so state) Indianapolis, Indiana  
Birthplace of mother (State or foreign country) Indiana

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

Signed Treasa Renee Bowling

New Address 2114 Laurel Ave Indianapolis 46224

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

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day 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 July, 1982 authorizing the joining together as husband and wife of Christopher J. Lehr and Treasa Renee Bowling

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

I, Rev. C. G. Gibson hereby certify that on the 10th day of July, 1982 at Indianapolis, County of Marion State of Indiana, Groom Christopher J. Lehr and, Bride Treasa R. Bowling 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 July, 1982

Signed Rev. C. G. Gibson

Official Designation Asst. Pastor

Signed Mary Jane Russell Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of March, 1983  
HENDRICKS Circuit Court



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 320  
File \_\_\_\_\_  
Date of Application 6-28-82

MALE  
Medical Examination Report Dated 6-21-82  
Name of Physician Malcolm H. Scamhorn

FEMALE  
Medical Examination Report Dated 6-21-82  
Name of Physician Malcolm H. Scamhorn

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

MALE APPLICANT

Name Michael E. Reynolds  
Date of Birth 10 9 1958  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address 9102 N. State St., Brownsburg, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father John E. Reynolds, Jr.  
Residence of father (if deceased so state) Brownsburg, Ind.  
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Beverly J. Clark  
Residence of mother (if deceased so state) Brownsburg, Ind.  
Birthplace of mother (State or foreign country) Indiana

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

Signed Michael E. Reynolds  
New Address 208 N. Grant

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

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

FEMALE APPLICANT

Name Denise R. Hampton  
Date of Birth 1 28 1964  
Place of Birth (State or foreign country) Mildenhall, England  
Residence Address 303 Rail St., Fortville, Indiana 46040  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Garold L. Hampton  
Residence of father (if deceased so state) Fortville, Ind.  
Birthplace of father (State or foreign country) Illinois

9. Full maiden name of mother Wanda E. Borke  
Residence of mother (if deceased so state) Fortville, Ind.  
Birthplace of mother (State or foreign country) Indiana

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

Signed Denise R. Hampton  
New Address 208 N. Grant

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

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 2nd day of July, 1982, authorizing the joining together as husband and wife of Michael E. Reynolds and Denise Hampton

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, GAROLD L. HAMPTON hereby certify that on the 3rd day of JULY, 1982, at Brownsburg, County of Hendricks, State of Indiana, Groom Michael E. Reynolds of Hendricks County, State of Indiana and, Bride Denise Hampton of Hancock 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 July, 1988  
Signed \_\_\_\_\_ /s/ GAROLD L. HAMPTON  
MINISTER

Official Designation \_\_\_\_\_  
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1988



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

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
**HENDRICKS** County

No. 321  
File 6  
Date of Application 6-28-82

**MALE**  
Medical Examination Report Dated 6-16-82  
Name of Physician May Bellingsley, Jr.

**FEMALE**  
Medical Examination Report Dated 6-19-82  
Name of Physician Michael Neely

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

**MALE APPLICANT**

Name Kevin Keith Pate  
Date of Birth 8 9 1961  
Place of Birth (State or foreign country) Arkansas  
Residence Address Lot #6 Street or R. R. Jacksonville City Arkansas State Arkansas  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

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

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

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

Signed Kevin Pate  
New Address 3102 John Pate Rd. #6, Apt. 72076

Subscribed and sworn to before me this 28 day of June, 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, **HENDRICKS** } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

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

Clerk

**FEMALE APPLICANT**

Name Lana Jo Oppy  
Date of Birth February 29 1964  
Place of Birth (State or foreign country) Montgomery Co  
Residence Address Box 135 Street or R. R. N'ville City Ind 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) \_\_\_\_\_

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Lawrence Eugene Oppy  
Residence of father (if deceased so state) Danville  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Linda Louise Patton  
Residence of mother (if deceased so state) Danville  
Birthplace of mother (State or foreign country) Indiana

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

Signed Lana Jo Oppy  
New Address 3102 John Pate Rd. #6, Apt. 72076

Subscribed and sworn to before me this 28 day of June, 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, **HENDRICKS** } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

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

Clerk

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the **HENDRICKS** Circuit Court of Indiana dated the 2nd day of July, 1982, authorizing the joining together as husband and wife

of Kevin Keith Pate and Lana Jo Oppy  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Stanley G. Johnson hereby certify that on the 3 day of July, 1982, at Coatesville, County of Hendricks, State of Indiana, Groom Kevin Keith Pate and, Bride Lana Jo Oppy of Hendricks County, State of Ind were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 3 day of July, 1982.  
Signed Stanley G. Johnson  
Official Designation Minister  
Signed Mary Jane Russell  
Clerk **HENDRICKS** Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 8 day of July, 1982.



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 322  
File  
6-29-82  
Date of Application

MALE  
Medical Examination Report Dated 6-19-1982  
Name of Physician Shahid Athar, M.D.

FEMALE  
Medical Examination Report Dated 6-19-82  
Name of Physician Shahid Athar, 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 Stephen Wayne Allen  
Date of Birth 12/30/1962  
Place of Birth (State or foreign country) Hammond, Indiana  
Residence Address RR #1, Box 106, Danville, Ind. 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) Birth Certificate

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Delbert L. Allen  
Residence of father (if deceased so state): Coatsville, Ind.  
Birthplace of father (State or foreign country): New York  
9. Full maiden name of mother: Helen S. Bytler  
Residence of mother (if deceased so state): Coatsville, Ind.  
Birthplace of mother (State or foreign country): Kentucky  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Stephen W. Allen  
New Address RR #1, Box 106, Danville

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

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

FEMALE APPLICANT

Name Barbara Ann Morpheu  
Date of Birth 12/12/1962  
Place of Birth (State or foreign country) Danville, Indiana  
Residence Address 74 N. Morgan, Danville, Ind. 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) Birth Certificate

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Thehun E. Morpheu  
Residence of father (if deceased so state): Indianapolis, Ind.  
Birthplace of father (State or foreign country): Hendricks Co., Ind.  
9. Full maiden name of mother: Jacquelyn Moore  
Residence of mother (if deceased so state): Danville, Ind.  
Birthplace of mother (State or foreign country): Minnesota  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Barbara A. Morpheu  
New Address RR #1, Box 106, Danville

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

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 7th day of July, 1982, authorizing the joining together as husband and wife of Stephen Wayne Allen and Barbara Ann Morpheu.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Dale Allen Rumble, hereby certify that on the 17 day of July, 1982, at Danville, County of Hendricks, State of Indiana, Groom Stephen Wayne Allen of Hendricks County, State of Ind. and, Bride Barbara Ann Morpheu 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 July, 1982.

Signed Dale Allen Rumble  
Official Designation \_\_\_\_\_, 1982.  
Signed Mary Jane Russell  
Clerk HENDRICKS Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 323  
File 6-29-82  
Date of Application

MALE  
Medical Examination Report Dated 6-24-82  
Name of Physician William Edwards

FEMALE  
Medical Examination Report Dated 6-15-82  
Name of Physician William Edwards

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

## MALE APPLICANT

Name David D. Pitcher  
Date of Birth 8 4 1955  
Place of Birth (State or foreign country) Indianapolis, In.  
Residence Address 7123 Tickett Dr. Indpls. In.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree # 9100

☐ Other (Specify) \_\_\_\_\_

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Wilbur D. Pitcher  
Residence of father (if deceased so state) Brownburg, In.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Willa D. Porter  
Residence of mother (if deceased so state) Brownburg  
Birthplace of mother (State or foreign country) Kentucky

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

Signed David D. Pitcher

New Address 7123 TACKETT DR, INDAS, IN 46254

Subscribed and sworn to before me this 29th day of June, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

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

Clerk

## FEMALE APPLICANT

Name Kaye A. Callahan  
Date of Birth 1 6 1960  
Place of Birth (State or foreign country) Indianapolis, In.  
Residence Address 133 S. Central St. Plainfield, In.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree # 113-60-004695

☐ Other (Specify) \_\_\_\_\_

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Kay C. Callahan  
Residence of father (if deceased so state) deceased  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Sarah E. Moore  
Residence of mother (if deceased so state) Plainfield, In.  
Birthplace of mother (State or foreign country) Indiana

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

Signed Kaye A. Callahan

New Address 7123 TACKETT DR, INDAS, IN 46254

Subscribed and sworn to before me this 29th day of June, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

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

Clerk

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the 6th day of July, 1982, authorizing the joining together as husband and wife of David D. Pitcher and Kaye A. Callahan.

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

I, Clarence Wayne, hereby certify that on the 7 day of August, one thousand nine hundred and 82, at Memorial Baptist Church, County of Hendricks, State of Indiana, Groom David D. Pitcher and, Bride Kaye A. Callahan of Hendricks County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 6 day of Aug, 1982.

Signed Dr. Clarence D. Pitcher

Official Designation Minister

Signed Mary Jane Russell

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1982.

Clerk HENDRICKS Circuit Court



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 324  
File 6-29-82  
Date of Application

MALE  
Medical Examination Report Dated 6-15-82  
Name of Physician George Klutinsky

FEMALE  
Medical Examination Report Dated 6-15-82  
Name of Physician George Klutinsky

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

## MALE APPLICANT

Name James D. Neely  
Date of Birth Jan. 23 1958  
Place of Birth (State or foreign country) Deerfield, Ill.  
Residence Address 2968 Oakland Ave. Kettering 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) Ohio Drivers License

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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. Neely  
Residence of father (if deceased so state) Ohio  
Birthplace of father (State or foreign country) Tennessee

9. Full maiden name of mother Carol Jane Schawburger  
Residence of mother (if deceased so state) Ohio  
Birthplace of mother (State or foreign country) Indiana

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

Signed James D. Neely  
New Address 2968 Oakland Ave. Kettering Ohio

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

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

## FEMALE APPLICANT

Name Debra K. Craig  
Date of Birth Feb 25 1960  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address 21 Ward Ct. Brownsburg, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License w/p

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Jackie Hinchman  
Residence of father (if deceased so state) Indiana  
Birthplace of father (State or foreign country) Michigan

9. Full maiden name of mother Carol S. Mullen  
Residence of mother (if deceased so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

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

Signed Debra K. Craig  
New Address 2968 Oakland Ave. Kettering Ohio

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

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10th day of July, 1982, authorizing the joining together as husband and wife

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

I, Donald Tyler hereby certify that on the 10 day of July, County of Hendricks

one thousand nine hundred and eighty-two at Brownsburg County, State of Indiana

State of Indiana, Groom James D. Neely of Hendricks County, State of Indiana

and, Bride Debra K. 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 10 day of July, 1982 Signed Donald Tyler  
Official Designation Baptist Minister 1982  
Mary Jane Russell Clerk  
Signed HENDRICKS Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 325

File  
June 29, 1982  
Date of Application

MALE  
Medical Examination Report Dated 6-29-82  
Name of Physician J. Owell

FEMALE  
Medical Examination Report Dated 6-29-82  
Name of Physician J. Owell

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

## MALE APPLICANT

Name First Middle Last  
Nghi Van Vo  
Date of Birth Month Day Year  
November 21 1953  
Place of Birth (State or foreign country)  
Cu Long Hau Giang Vietnam  
Residence Address Street or R. R. City County State  
619 Winters Rd. Plainfield Hendricks IN  
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

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father VO VAN UNG  
Residence of father (if deceased so state) VIET NAM  
Birthplace of father (State or foreign country) VIET NAM  
9. Full maiden name of mother NGUYEN THI MAI  
Residence of mother (if deceased so state) VIET NAM  
Birthplace of mother (State or foreign country) VIET NAM

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

Signed nganhuan

New Address 619 Winters Rd. Plainfield IN 46168

Subscribed and sworn to before me this 29 day of June 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, Hendricks } ss:  
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1982  
Clerk

## FEMALE APPLICANT

Name First Middle Last  
Nga Hong Nguyen  
Date of Birth Month Day Year  
October 11 1958  
Place of Birth (State or foreign country)  
Hau Giang Vietnam  
Residence Address Street or R. R. City County State  
619 Winters Rd. Plainfield Hendricks IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Pass Post

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father NGUYEN VANHUA  
Residence of father (if deceased so state) VIET NAM  
Birthplace of father (State or foreign country) VIET NAM  
9. Full maiden name of mother PHANTHI CHIEU  
Residence of mother (if deceased so state) VIET NAM  
Birthplace of mother (State or foreign country) VIET NAM

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

Signed ngathinhonanguyen

New Address 619 Winters Rd. Plainfield IN 46168

Subscribed and sworn to before me this 29 day of June 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, Hendricks } ss:  
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1982  
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 July 1982, authorizing the joining together as husband and wife of Nghi Van Vo and Nga Hong Nguyen. Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Tony Guido, hereby certify that on the 7 day of July 1982, at Donwill County of Hendricks, State of Indiana, Groom Nghi Van Vo and, Bride Nga Hong Nguyen, 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 7 day of July 1982.

Signed Tony Guido

Official Designation Judge Pro Tem  
day of July 1982

Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of July 1982



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 326  
File  
6-29-82  
Date of Application

MALE  
Medical Examination Report Dated 6-25-82  
Name of Physician Bush

FEMALE  
Medical Examination Report Dated 6-25-82  
Name of Physician Baker

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

## MALE APPLICANT

Name First William Middle V. Last Isenberg  
Date of Birth Month 3 Day 30 Year 1946  
Place of Birth (State or foreign country) Indpls Ind.  
Residence Address Street or R. R. 1804 Birchwood 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.  
John Christopher Isenberg  
Jason Matthew Isenberg  
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.  
8. Full name of father: Clinton Isenberg  
Residence of father (if deceased so state) New Ross, Ind.  
Birthplace of father (State or foreign country) Kentucky  
9. Full maiden name of mother: Geraldine Cunningham  
Residence of mother (if deceased so state) New Ross, Ind.  
Birthplace of mother (State or foreign country) Ind.  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of  
Signed William V. Isenberg  
New Address Same  
Subscribed and sworn to before me this 29 day of June, 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, HENDRICKS } ss:  
County of  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name First Linda Middle J. Last Neal  
Date of Birth Month 10 Day 1 Year 1947  
Place of Birth (State or foreign country) Beach Grove Ind.  
Residence Address Street or R. R. 1804 Birchwood 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.  
Laurie Ann Neal Sharkey  
Dawn Marie Sharkey  
Gina Michelle Sharkey does not have custody  
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.  
8. Full name of father: Robert August Jacob  
Residence of father (if deceased so state) Indpls Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother: Jean Estella Young  
Residence of mother (if deceased so state) Beach Grove, Ind.  
Birthplace of mother (State or foreign country) Indiana  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of  
Signed Linda J. Neal  
New Address Same  
Subscribed and sworn to before me this 29 day of June, 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, HENDRICKS } ss:  
County of  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 3rd day of July, 1982, authorizing the joining together as husband and wife of William V. Isenberg and Linda J. Neal.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Myron Barwood, hereby certify that on the 3 day of July, one thousand nine hundred and 82, at Indianapolis, County of Marion, State of Indiana, Groom William V. Isenberg, of Hendricks County, State of Ind. and, Bride Linda J. Neal, 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 3 day of July, 1982.  
Signed Myron Barwood  
Official Designation Judge, 1982  
Signed Mary Jane Russell  
Clerk HENDRICKS Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 327  
File  
June 29, 1982  
Date of Application

**MALE**  
Medical Examination Report Dated 6-22-82  
Name of Physician David B. Haggard MD

**FEMALE**  
Medical Examination Report Dated 6-22-82  
Name of Physician David B. Haggard MD

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

## MALE APPLICANT

Name First Timothy Middle Lee Last Mullens  
Date of Birth Month March Day 12 Year 1963  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address Street or R. R. 1102 Brookside City Plainfield County Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father James Edward Mullens  
Residence of father (if deceased so state) Plainfield, Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Joan Lu Burt  
Residence of mother (if deceased so state) Plainfield Ind.  
Birthplace of mother (State or foreign country) Indiana

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

Signed

Tim Mullens  
New Address 825 Winding Brook Apt D  
Indianapolis, Ind.

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

Signed

Father

Signed

Mother

Subscribed and sworn to before me this 29 day of June, 1982  
Clerk

## FEMALE APPLICANT

Name First Joan Allen Middle Marie Last Shouse  
Date of Birth Month May Day 9 Year 1965  
Place of Birth (State or foreign country) Hendricks County, Ind.  
Residence Address Street or R. R. 932 Ridgwood Dr. City Plainfield County Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

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

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

Signed

Joan Allen Marie Shouse  
New Address 825 Winding Brook Apt D

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

Signed

Father

Signed

Mother

Subscribed and sworn to before me this 29 day of June, 1982  
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 \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 6 day of July, 1982, authorizing the joining together as husband and wife

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

I, Richard W. Fox hereby certify that on the 12 day of July, 1982, at Plainfield, County of Hendricks, State of Indiana, Groom Timothy Lee Mullens and, Bride Joan Allen Marie Shouse of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 12 day of July, 1982.

Signed

Official Designation

Richard W. Fox  
Pastor  
Filed and recorded in accordance with the laws of the State of Indiana this 13 day of July, 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

No. 328  
File  
6-29-82  
Date of Application

MALE  
Medical Examination Report Dated 6-25-82  
Name of Physician Lawrence Reitz

FEMALE  
Medical Examination Report Dated 6-26-82  
Name of Physician Lawrence Reitz

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Joe Last Rutledge  
Date of Birth November 4 1959  
Place of Birth (State or foreign country) Indpls.  
Residence Address 410 A Forest Hills Dr. City Indpls. County Marion State In  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) drivers lic w/pic

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Wayne K. Rutledge  
Residence of father (if deceased so state): Danville  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Losalie Schulmeister  
Residence of mother (if deceased so state): Danville  
Birthplace of mother (State or foreign country): Indiana

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

Signed David Rutledge  
New Address 410 A Forest Hills Dr.

Subscribed and sworn to before me this 29 day of June 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, Hendricks } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

FEMALE APPLICANT

Name First Sheryl Middle Lynn Last Walters  
Date of Birth October 19 1958  
Place of Birth (State or foreign country) Mississippi  
Residence Address 320 Cornue Dr. City Ryed. 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/pic

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 H. Walters, Sr.  
Residence of father (if deceased so state): Baltimore  
Birthplace of father (State or foreign country): Mississippi  
9. Full maiden name of mother: Patricia A. Clayton  
Residence of mother (if deceased so state): Ryed.  
Birthplace of mother (State or foreign country): Mississippi

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

Signed Sheryl Walters  
New Address 410 A Forest Hills Dr. Indpls. In

Subscribed and sworn to before me this 29 day of June 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, Hendricks } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Hendricks Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 6th day of July, 1982, authorizing the joining together as husband and wife of \_\_\_\_\_ and \_\_\_\_\_  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Joseph D. Stump, hereby certify that on the 10 day of July, 1982, at \_\_\_\_\_ County of Hendricks, State of Indiana, Groom David Lee Rutledge of \_\_\_\_\_ County, State of \_\_\_\_\_ and, Bride Sheryl Lynn Walters 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 10 day of July, 1982.

Signed Dr. Joseph D. Stump  
Official Designation \_\_\_\_\_, 1982

Signed Mary Jane Russell  
Clerk Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 329  
File \_\_\_\_\_  
Date of Application 6-30-82

MALE  
Medical Examination Report Dated 6-22-82  
Name of Physician Steven M. Steinkeler

FEMALE  
Medical Examination Report Dated 6-29-82  
Name of Physician Jerry L. Henderson

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

**MALE APPLICANT**

Name Carmen Edward Armstrong  
Date of Birth 3 17 1958  
Place of Birth (State or foreign country) Lebanon, In.  
Residence Address Lebanon, In.  
Previous Marital 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

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

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

9. Full maiden name of mother Jean E. Everett  
Residence of mother (if deceased so state) Lebanon, In.  
Birthplace of mother (State or foreign country) Indiana

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

Signed Carmen E. Armstrong  
New Address 601 Locust Lane, Brownsburg

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

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

**FEMALE APPLICANT**

Name Kimberly S. Tracy  
Date of Birth 1 22 1960  
Place of Birth (State or foreign country) Indianapolis, In.  
Residence Address 601 Locust Ln. Brownsburg, In.  
Previous Marital 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

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

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

9. Full maiden name of mother Sandra L. Bowman  
Residence of mother (if deceased so state) Brownsburg, In.  
Birthplace of mother (State or foreign country) Ind.

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

Signed Kimberly S. Tracy  
New Address 601 Locust Ln. Brownsburg

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the \_\_\_\_\_ day of \_\_\_\_\_, 1982, authorizing the joining together as husband and wife of Carmen Edward Armstrong and Kimberly S. Tracy.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, WILLIAM A. PAPPANO, hereby certify that on the \_\_\_\_\_ 17th day of \_\_\_\_\_ JULY, one thousand nine hundred and \_\_\_\_\_ 82, at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom CARMEN EDWARD ARMSTRONG of BOONE County, State of IN and, Bride KIMBERLY S. TRACY 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 \_\_\_\_\_ 17th day of \_\_\_\_\_ JULY, 1982.

Signed \_\_\_\_\_ /s/ WILLIAM A. PAPPANO  
Official Designation CATHOLIC PRIEST  
Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ 10th day of \_\_\_\_\_ MAY, 1989.  
Signed James Hendricks Clerk  
HENDRICKS Circuit Court



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 330  
File 6-30-82  
Date of Application

MALE  
Medical Examination Report Dated 6-29-82  
Name of Physician Glenn Baker

FEMALE  
Medical Examination Report Dated 6-29-82  
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 Robert Dale Madison  
Date of Birth August 19 1944  
Place of Birth Indpls.  
Residence Address 6520 W. 16th St. Indpls Marion IN  
Previous Marital 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

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Norman Dale Madison  
Residence of father (if deceased so state): Florida  
Birthplace of father (State or foreign country): Ohio  
9. Full maiden name of mother: Norma Rae Newkirk  
Residence of mother (if deceased so state): Indpls  
Birthplace of mother (State or foreign country): Bedford, IN  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed: Robert Dale Madison  
New Address: 10236 Osceola Dr.

Subscribed and sworn to before me this 30 day of June 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, HENDRICKS } ss:  
County of

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1982  
Clerk

FEMALE APPLICANT

Name Judith Mae Jared  
Date of Birth May 27 1942  
Place of Birth Indpls  
Residence Address 10236 Osceola Dr. Indpls Hendricks IN  
Previous Marital 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

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Edward Toler  
Residence of father (if deceased so state): Indpls  
Birthplace of father (State or foreign country): Indpls Illinois  
9. Full maiden name of mother: Edna May McDonald  
Residence of mother (if deceased so state): deceased  
Birthplace of mother (State or foreign country): Indpls  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed: Judith Mae Jared  
New Address: 10236 Osceola Drive

Subscribed and sworn to before me this 30 day of June 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, HENDRICKS } ss:  
County of

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1982  
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 July 1982, authorizing the joining together as husband and wife of Robert D. Madison and Judith M. Jared.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, David B. Shelton hereby certify that on the 9 day of July 1982, at Marion County, State of Indiana, Groom: Robert D. MADISON and, Bride: Judith M. Jared 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 9 day of July 1982.

Signed: David B. Shelton  
Official Designation: Minister

Signed: Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of July 1982



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 331  
File \_\_\_\_\_  
Date of Application 6-28-82

MALE  
Medical Examination Report Dated 6-28-82  
Name of Physician Clark

FEMALE  
Medical Examination Report Dated 6-28-82  
Name of Physician 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 Jason E. Walls  
Date of Birth 4 16 1963  
Place of Birth (State or foreign country) Danville Ind.  
Residence Address 60 W. Purpura Danville Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

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

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

Signed Jason E. Walls  
New Address 5554 Blue Hill Circle  
Subscribed and sworn to before me this 1 day of July, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

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

FEMALE APPLICANT  
Name Angel Marie Jellison  
Date of Birth 10 15 1962  
Place of Birth (State or foreign country) Oceanside Calif.  
Residence Address 5554 Blue Hill Ct. Danville Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Oliver Jellison  
Residence of father (if deceased so state) Danville Ind.  
Birthplace of father (State or foreign country) Caterville Indiana  
9. Full maiden name of mother Angelique Selina Rodriguez  
Residence of mother (if deceased so state) Danville Ind.  
Birthplace of mother (State or foreign country) New York

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

Signed Angel Marie Jellison  
New Address 5554 Blue Hill Circle  
Subscribed and sworn to before me this 1 day of July, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the \_\_\_\_\_ day of July, 1982, authorizing the joining together as husband and wife of Jason E. Walls and Angel Marie Jellison.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, John C. Mourer hereby certify that on the \_\_\_\_\_ day of July, 1982, at Danville, County of Ind., State of Indiana, Groom Jason E. Walls and, Bride Angel Marie Jellison 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 Ind. County.  
Dated this 1 day of July, 1982.

Signed John C. Mourer Official Designation Judge  
Signed Mary Jane Russell Clerk  
Filed and recorded in accordance with the laws of the State of Indiana this 1 day of July, 1982  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 332

File Date of Application July 1, 1982

MALE

Medical Examination Report Dated 6-24-82  
Name of Physician Irving Cohen

FEMALE

Medical Examination Report Dated 6-25-82  
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 Middle Last  
Date of Birth Month Day Year  
Place of Birth (State or foreign country)  
Residence Address Street or R. R. City County State  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

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

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

Signed L. L. Mitchell  
New Address 323 Wall Street Pike

Subscribed and sworn to before me this 1 day of July, 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, Hendricks } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

FEMALE APPLICANT

Name First Middle Last  
Date of Birth Month Day Year  
Place of Birth (State or foreign country)  
Residence Address Street or R. R. City County State  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 La Roche  
Residence of father (if deceased so state) Plainfield, Ind.  
Birthplace of father (State or foreign country) Ind.  
9. Full maiden name of mother Marie Carolyn Lewis  
Residence of mother (if deceased so state) Same  
Birthplace of mother (State or foreign country) Ind.

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

Signed Lynda La Roche  
New Address 323 Wall Street Pike

Subscribed and sworn to before me this 1 day of July, 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, Hendricks } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 6th day of July, 1982, authorizing the joining together as husband and wife of Lorraine Ray Mitchell and Lynda Sue La Roche.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Paul W. Ragsdale, hereby certify that on the 10 day of July, 1982, at Central Church, County of Hendricks, State of Indiana, Groom Lorraine Ray Mitchell of Hendricks County, State of Indiana, and Bride Lynda Sue La Roche 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 10 day of July, 1982.

Signed Paul W. Ragsdale  
Official Designation Minister

14 day of July, 1982  
Signed Mary Jane Russell Clerk Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 333

File 7-282  
Date of Application

MALE  
Medical Examination Report Dated 6-15-82  
Name of Physician Eric Clark

FEMALE  
Medical Examination Report Dated 6-15-82  
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 Dahir Mohamed  
Date of Birth November 1 1958  
Place of Birth (State or foreign country) HARGEISA  
Residence Address 1401 E. Main PLD. Hend IN  
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

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father HADI MOHAMOUD  
Residence of father (if deceased so state) HARGEISA SOMALIA  
Birthplace of father (State or foreign country) ERIGAVO SOMALIA  
9. Full maiden name of mother MARYAN JAMA  
Residence of mother (if deceased so state) HARGEISA SOMALIA  
Birthplace of mother (State or foreign country) ERIGAVO SOMALIA

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

Signed Dahir Hagi  
New Address 1401 E. Main PLD. 46168

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

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name Nancy Beth Waggoner  
Date of Birth April 7 1961  
Place of Birth (State or foreign country) Anderson  
Residence Address 1401 E. Main PLD. Hend IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Wilson Waggoner  
Residence of father (if deceased so state) Anderson  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Georgia Lee Perlach  
Residence of mother (if deceased so state) Anderson  
Birthplace of mother (State or foreign country) Columbus, Ohio

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

Signed Nancy Beth Waggoner  
New Address 1401 E. Main St. Plainfield

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

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 2 day of July, 1982, authorizing the joining together as husband and wife

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

I, \_\_\_\_\_ hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, at \_\_\_\_\_, County of \_\_\_\_\_, State of Indiana, Groom \_\_\_\_\_ 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 \_\_\_\_\_

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

Signed \_\_\_\_\_ Clerk

HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 334

453

File

7-2-82

Date of Application

MALE

Medical Examination Report Dated 6-21-82

Name of Physician Robert K. Stirling

FEMALE

Medical Examination Report Dated 6-21-82

Name of Physician Robert K. Stirling

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

MALE APPLICANT

Name First Gary Middle Lee Last Roth  
Date of Birth Month 8 Day 20 Year 1960  
Place of Birth (State or foreign country) Camp Pendleton, California  
Residence Address 390 North 1000 East, Brownsburg, IN 46112  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Gerald Eugene Roth  
Residence of father (if deceased so state): Indiana, Clermont  
Birthplace of father (State or foreign country): Grandfort, Indiana  
9. Full maiden name of mother: Patricia Ann Thomas  
Residence of mother (if deceased so state): Indiana, Clermont  
Birthplace of mother (State or foreign country): Grandfort, Indiana

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

Signed Gary L. Roth

New Address 390 N. 1000 E., Lot 123 Brownsburg, IN

Subscribed and sworn to before me this 2nd day of July, 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, Hendricks } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

FEMALE APPLICANT

Name First Lisa Middle Whiteman Last  
Date of Birth Month 5 Day 16 Year 1963  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address 390 N. 1000 East, Brownsburg, 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.  
Jessica May Whiteman - 1 yr.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Tommy Wayne Whiteman  
Residence of father (if deceased so state): Brownsburg, Indiana  
Birthplace of father (State or foreign country): Indianapolis, In.  
9. Full maiden name of mother: Judith Kay Butcher  
Residence of mother (if deceased so state): Greenwood, Indiana  
Birthplace of mother (State or foreign country): Indianapolis, Indiana

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

Signed Lisa Whiteman

New Address 390 N. 1000 E Lot 123 Brownsburg IN 46112

Subscribed and sworn to before me this 2nd day of July, 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, Hendricks } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the 2 day of July, 1982, authorizing the joining together as husband and wife of Gary Lee Roth and Lisa Whiteman.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Michael T. Jacobs, hereby certify that on the 9 day of July, 1982, at Brownsburg, Indiana, County of Hendricks, State of Indiana, Groom Gary Lee Roth and, Bride Lisa Whiteman, were by me united 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 July, 1982.

Signed Michael T. Jacobs

Official Designation \_\_\_\_\_, 1982

Signed Mary Jane Russell Clerk Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of July, 1982



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

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
**HENDRICKS** County

No. 335  
File \_\_\_\_\_  
Date of Application 7-2-82

**MALE**  
Medical Examination Report Dated 6-22-82  
Name of Physician D. H. Himmelstein

**FEMALE**  
Medical Examination Report Dated 6-22-82  
Name of Physician D. H. Himmelstein

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

**MALE APPLICANT**

Name Allen Blake  
Date of Birth 8 4 1959  
Place of Birth (State or foreign country) Indiana  
Residence Address 122 Williams Dr., Brownsburg, Ind. 46112  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☐ Other (Specify) Driver's License

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.  
8. Full name of father George E. Blake  
Residence of father (if deceased so state) Plainfield, Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Elsa D. Ireland  
Residence of mother (if deceased so state) deceased  
Birthplace of mother (State or foreign country) Indiana  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Allen D. Blake  
New Address 122 WILLIAM DR. APT. M BROWNSBURG, IND.  
Subscribed and sworn to before me this 2nd day of July, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk \_\_\_\_\_

**FEMALE APPLICANT**

Name Jerry Bevans  
Date of Birth 1 10 1954  
Place of Birth (State or foreign country) Indiana  
Residence Address 7 Mariann Court, Brownsburg, Indiana  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☐ Other (Specify) Driver's License

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.  
8. Full name of father Robert J. Bevans  
Residence of father (if deceased so state) deceased  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Nelda East  
Residence of mother (if deceased so state) Brownsburg, Ind.  
Birthplace of mother (State or foreign country) Indiana  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Jerry Bevans  
New Address 122 Williams Dr. Apt M Brownsburg  
Subscribed and sworn to before me this 2nd day of July, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk \_\_\_\_\_

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, authorizing the joining together as husband and wife of Allen Blake and Jerry Bevans.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit: one thousand nine hundred and eighty-two hereby certify that on the 10 day of July, 1982, at Brownsburg, County of Hendricks, State of Indiana, Groom Allen Blake and, Bride Jerry Bevans 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 10 day of July, 1982.

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of July, 1982.  
Signed Larry D. Bellville Official Designation Minister  
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

455

No. 336

File  
7-2-82  
Date of Application

MALE  
Medical Examination Report Dated 6-30-82  
Name of Physician Wm. Edwards

FEMALE  
Medical Examination Report Dated 6-30-82  
Name of Physician Edmund Hamrell, 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 Jeff Middle Last Schrick  
Date of Birth Month 12 Day 22 Year 1958  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address 6450 W. Minnesota, Indianapolis, Ind.  
City County State  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☐ Other (Specify) Illinois License w/ Pic

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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 Schrick Adopted  
Residence of father (if deceased so state) Tennessee  
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Gertrude Ruby Vance  
Residence of mother (if deceased so state) Indianapolis, Indiana  
Birthplace of mother (State or foreign country) Indiana

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

Signed Jeffery S. Schrick  
New Address 6450 W. Minnesota St. Ind.

Subscribed and sworn to before me this 2nd day of July, 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, Hendricks } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 9 day of July, 1982, authorizing the joining together as husband and wife

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 July, 1982, at Marion, Hendricks County, State of Indiana, Groom, Jeffery S. Schrick and, Bride, Karen M. Whitaker 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 10 day of July, 1982

Signed Howard D. Allen  
Official Designation Registrar, 10 day of July, 1982 Clerk

Signed Mary Jane Russell  
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of July, 1982



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 337  
File  
Date of Application 7-6-82

MALE  
Medical Examination Report Dated 6-21-82

Name of Physician M. Nealey

FEMALE

Medical Examination Report Dated 6-28-82

Name of Physician J. Pettloff

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

MALE APPLICANT

Name First Middle Last  
Gregory A. Brown  
Date of Birth Month Day Year  
Sept 29 1961  
Place of Birth (State or foreign country)  
Vermillion Co. Indiana  
Residence Address Street or R. R. City County State  
RR 3 Box 391 Clayton, In  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

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

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

Signed Gregory A. Brown

New Address RR 3 Box 391 Clayton, Indiana

Subscribed and sworn to before me this 6 day of July, 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, Hendricks } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

FEMALE APPLICANT

Name First Middle Last  
Beth A. Leer  
Date of Birth Month Day Year  
May 10 1964  
Place of Birth (State or foreign country)  
Greencastle, Indiana  
Residence Address Street or R. R. City County State  
121 W. Berry St Greencastle, In 46135  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

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

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

Signed Beth Anne Leer

New Address RR 3 Box 391 Clayton, IN 46118

Subscribed and sworn to before me this 6 day of July, 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, Hendricks } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 13 day of July, 1982, authorizing the joining together as husband and wife of Gregory A. Brown and Beth A. Leer. Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Kenneth A. Russell hereby certify that on the 17 day of July, 1982, at Clayton, County of Hendricks, State of Indiana, Groom Gregory A. Brown of Hendricks County, State of Indiana and, Bride Beth Anne Leer of Putnam 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 13 day of July, 1982.

Signed Kenneth Russell

Official Designation Minister

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of July, 1982



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 338  
File

457

MALE  
Medical Examination Report Dated 6-18-82  
Name of Physician Cruise

FEMALE  
Medical Examination Report Dated 6-18-82  
Name of Physician Cruise

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

MALE APPLICANT

Name David J. Maher  
Date of Birth 8/23/60  
Place of Birth (State or foreign country) Shenandoah, Iowa  
Residence Address 156 Center St. Pldfd Hend Ind

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 up to date

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Francis Maher  
Residence of father (if deceased so state): Deceased  
Birthplace of father (State or foreign country): Iowa  
9. Full maiden name of mother: Wilma Coy  
Residence of mother (if deceased so state): I Mogene Iowa  
Birthplace of mother (State or foreign country): Iowa

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

Signed David Maher  
New Address 156 N. Center St. Pldfd 2

Subscribed and sworn to before me this 6 day of July 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, HENDRICKS } ss:  
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name Marsha Ellen Boyd  
Date of Birth 2/22/58  
Place of Birth (State or foreign country) Indpls Ind  
Residence Address 156 Center St. Pldfd Hend Ind

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 up to date

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Forest J. Boyd  
Residence of father (if deceased so state): Indpls Ind  
Birthplace of father (State or foreign country): Ind  
9. Full maiden name of mother: Mary J. Suckey  
Residence of mother (if deceased so state): Deceased  
Birthplace of mother (State or foreign country): Indiana

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

Signed Marsha E. Boyd  
New Address 156 N. Center Pldfd 2 Ind

Subscribed and sworn to before me this 6 day of July 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, HENDRICKS } ss:  
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10 day of July 1982 authorizing the joining together as husband and wife of David J. Maher and Marsha E. Boyd.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Joseph Dooley hereby certify that on the 24 day of July, one thousand nine hundred and 82, at Indianapolis, County of Marion, State of Indiana, Groom David J. Maher of Hendricks County, State of Ind and, Bride Marsha Ellen Boyd 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 July 1982

Signed Joseph Dooley  
Official Designation Clerk  
Signed Mary Jane Russell  
Circuit Court

HENDRICKS

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of July 1982



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

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
**HENDRICKS** County

No. 339  
File \_\_\_\_\_  
Date of Application 7-7-82

**MALE**  
Medical Examination Report Dated 6-29-82  
Name of Physician P. Minter

**FEMALE**  
Medical Examination Report Dated 6-29-82  
Name of Physician P. Minter

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

**MALE APPLICANT**

Name Brian C. Beach  
Date of Birth June 8 1954  
Place of Birth (State or foreign country) Lucas, Ohio  
Residence Address RR #1 Box 247 Danville, Indiana  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father John Herbert Beach  
Residence of father (if deceased so state) Baton Rouge, La  
Birthplace of father (State or foreign country) Blissfield, Mich  
9. Full maiden name of mother Charabelle Constock  
Residence of mother (if deceased so state) Baton Rouge, La  
Birthplace of mother (State or foreign country) Talcah, Ohio

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

Signed Brian C Beach  
New Address RR #1 Box 247 Danville, Ind

Subscribed and sworn to before me this 7 day of July, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Pamela Lee Ross  
Date of Birth July 28 1955  
Place of Birth (State or foreign country) San Angelo, Tx  
Residence Address RR #1 Box 247 Danville, Indiana  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Delmus Edwin Ross  
Residence of father (if deceased so state) Greencastle, In  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Donna Jean Huber  
Residence of mother (if deceased so state) Greencastle, In  
Birthplace of mother (State or foreign country) Indiana

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

Signed Pamela L Ross  
New Address RR #1 Box 247 Danville, Ind

Subscribed and sworn to before me this 7 day of July, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the 13 day of July, 1982, authorizing the joining together as husband and wife of Brian C Beach and Pamela Lee Ross.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, William A Huber hereby certify that on the 17 day of July, 1982, at Indianapolis, County of Sharon, State of Indiana, Groom Brian C Beach of Hendricks County, State of Indiana and, Bride Pamela Lee Ross of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 17 day of July, 1982.

Signed William A Huber

Official Designation Recorder

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1982



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

459

No. 340  
File \_\_\_\_\_  
Date of Application 7-7-82

MALE  
Medical Examination Report Dated 7-6-82  
Name of Physician Neely

FEMALE  
Medical Examination Report Dated 7-6-82  
Name of Physician 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 William R. Fox III  
Date of Birth July 22 1957  
Place of Birth (State or foreign country) Indiana  
Residence Address 2884 Halliburton, Indianapolis Hendricks IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License w/picture

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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. Fox Jr.  
Residence of father (if deceased so state) 125 W. 29th Pl, Speedway, IN  
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Ella Anita Asa Smith  
Residence of mother (if deceased so state) Speedway, IN  
Birthplace of mother (State or foreign country) Kentucky

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

Signed William R. Fox III  
New Address 2884 Halliburton Dr.

Subscribed and sworn to before me this 7 day of July, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

FEMALE APPLICANT

Name Lisa Dawn Lawrence  
Date of Birth August 25 1960  
Place of Birth (State or foreign country) Indiana  
Residence Address 2884 Halliburton, Indianapolis Hendricks IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License w/picture

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

Autumn Nicholle 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 John F. Lawrence  
Residence of father (if deceased so state) P.O. Box 103, Amo, IN  
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Barbara Jane Edmondson  
Residence of mother (if deceased so state) 282 Clayton, ID  
Birthplace of mother (State or foreign country) Indiana

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

Signed Lisa D. Lawrence  
New Address 2884 Halliburton Dr.

Subscribed and sworn to before me this 7 day of July, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued Way Wells 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 \_\_\_\_\_ Circuit Court of Indiana dated the 7 day of July, 1982 authorizing the joining together as husband and wife of William R. Fox III and Lisa Dawn Lawrence

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Joe Ridenour hereby certify that on the 10 day of July, \_\_\_\_\_ County of Marion, State of Indiana, Groom William R. Fox III of Hendricks County, State of Indiana, and, Bride Lisa Dawn Lawrence 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 July, 1982  
Signed Joe Ridenour  
Official Designation Minister  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

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



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

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
HENDRICKS County

No. 341  
File 7-7-82  
Date of Application

MALE  
Medical Examination Report Dated 7-6-82  
Name of Physician Fusch

FEMALE  
Medical Examination Report Dated 7-6-82  
Name of Physician Fusch

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

## MALE APPLICANT

Name Gregory L. Eaton  
Date of Birth February 18 1960  
Place of Birth (State or foreign country) Indiana  
Residence Address 994 Jessup, Plainfield Hendricks IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Marshall G. Eaton  
Residence of father (if deceased so state) R.R. 1, Mentore, IN  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Peggy Lou Tinkey  
Residence of mother (if deceased so state) R.R. 1, Mentore, IN  
Birthplace of mother (State or foreign country) Indiana

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

Signed Gregory L. Eaton  
New Address 994 E Jessup Plainfield IN

Subscribed and sworn to before me this 7 day of July, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name Flasence L. Frazier  
Date of Birth MARCH 29 1950  
Place of Birth (State or foreign country) Indiana  
Residence Address 994 Jessup, Plainfield Hendricks IN  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

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

DeAndrea Frazier

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Wilson  
Residence of father (if deceased so state) Deceased  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Charlotte Augusta Biant  
Residence of mother (if deceased so state) 316 S. Woodrow, Indianapolis IN  
Birthplace of mother (State or foreign country) Indiana

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

Signed Flasence L. Frazier  
New Address 994 E Jessup Plainfield IN

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued 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 7 day of July, 1982, authorizing the joining together as husband and wife  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Kenneth C. Vetter hereby certify that on the 10 day of July,  
one thousand nine hundred and 82 at Bossett Chapel, County of Hendricks,  
State of Indiana, Groom Gregory L. Eaton of Hendricks County, State of Indiana  
and, Bride Flasence L. Frazier 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 July, 1982.

Signed Kenneth C. Vetter

Official Designation Pastor  
16 day of July, 1982

Signed Mary Jane Russell  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 342  
File  
7-8-82  
Date of Application

MALE  
Medical Examination Report Dated 6-25-82  
Name of Physician Alton Stephens, M.D.

FEMALE  
Medical Examination Report Dated 6-16-82  
Name of Physician Robert A. Hearin

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

## MALE APPLICANT

Name Robert A. Day  
Date of Birth 6-21-39  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address R.R. #1, Box 132, Fillmore, Ind. 46128

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

☐ Other (Specify) Driver's License w/Pic.

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Jack M. Day  
Residence of father (if deceased so state) Indianapolis, Indiana  
Birthplace of father (State or foreign country) Ohio

9. Full maiden name of mother Mary Elizabeth Shibo  
Residence of mother (if deceased so state) Indianapolis, Indiana  
Birthplace of mother (State or foreign country) Indianapolis, Indiana

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

Signed Robert A. Day  
New Address R.R. #1, Box 132, Fillmore, Ind. 46128

Subscribed and sworn to before me this 8th day of July, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name Shirley A. Shaner  
Date of Birth 8-11-44  
Place of Birth (State or foreign country) Greencastle, Indiana  
Residence Address R.R. #1, Box 132, Fillmore, Ind. 46128

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

☐ Other (Specify) Driver's License

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Glen Foster Custis  
Residence of father (if deceased so state) Coatsville, Indiana  
Birthplace of father (State or foreign country) Illinois

9. Full maiden name of mother Ida May Kendall  
Residence of mother (if deceased so state) Coatsville, Indiana  
Birthplace of mother (State or foreign country) Kentucky

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

Signed Shirley A. Shaner  
New Address R.R. #1, Box 132, Fillmore, Ind. 46128

Subscribed and sworn to before me this 8th day of July, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the 13th day of July, 1982, authorizing the joining together as husband and wife of Robert A. Day and Shirley A. Shaner.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, George Sherman Pyke, hereby certify that on the 6th day of August, 1982, at Fillmore, County of Putnam, State of Indiana, Groom Robert A. Day, of Hendricks County, State of Indiana, and Bride Shirley A. Shaner, 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 August, 1982.

Signed George Sherman Pyke  
Official Designation Minister, 1982

Signed Mary Jane Russell  
Clerk HENDRICKS Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 343

File July 8, 1982  
Date of Application

MALE  
Medical Examination Report Dated 6-24-82  
Name of Physician Akard

FEMALE  
Medical Examination Report Dated 6-24-82  
Name of Physician Akard

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

## MALE APPLICANT

Name First Brian P. Middle Snyder Last  
Date of Birth August 23 1959  
Place of Birth (State or foreign country) Indiana  
Residence Address 37w. Vermont Brownsburg Hendricks IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Robert W. Snyder  
Residence of father (if deceased so state) Brownsburg, Indiana  
Birthplace of father (State or foreign country) Illinois  
9. Full maiden name of mother Patricia C. Kennedy  
Residence of mother (if deceased so state) Brownsburg, Indiana  
Birthplace of mother (State or foreign country) Illinois

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

Signed Brian P. Snyder  
New Address 6214 West Lake Road, Indianapolis

Subscribed and sworn to before me this 8 day of July 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, Hendricks } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name First Theresa L. Middle Wheeler Last  
Date of Birth August 23 1959  
Place of Birth (State or foreign country) Indiana  
Residence Address 6214 West Lake Road Indianapolis Marion IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father William E. Wheeler  
Residence of father (if deceased so state) Indianapolis, Indiana  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Elizabeth J. Griffin  
Residence of mother (if deceased so state) Indianapolis, Indiana  
Birthplace of mother (State or foreign country) Nebraska

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

Signed Theresa L. Wheeler  
New Address 6214 West Lake Road Indianapolis

Subscribed and sworn to before me this 8 day of July 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, Hendricks } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 15th day of July, 1982, authorizing the joining together as husband and wife of BRIAN P. SNYDER and THERESA L. WHEELER  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, WILLIAM A. PAPPANO  
one thousand nine hundred and 82 hereby certify that on the 17th day of JULY  
State of Indiana, Groom BRIAN P. SNYDER at BROWNSBURG, County of HENDRICKS  
and, Bride THERESA L. WHEELER 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 17th day of JULY, 1982

Signed /s/ WILLIAM A. PAPPANO  
Official Designation CATHOLIC PRIEST  
Filed and recorded in accordance with the laws of the State of Indiana this 10th day of MAY, 1989  
Signed Lonnie Hanson Clerk  
HENDRICKS Circuit Court



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 344  
File 7-9-82  
Date of Application

MALE  
Medical Examination Report Dated 7-6-82  
Name of Physician Schamahorn

FEMALE  
Medical Examination Report Dated 7-6-82  
Name of Physician Schamahorn

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

## MALE APPLICANT

Name Charles L. Brooks  
Date of Birth February 23 1942  
Place of Birth (State or foreign country) Indiana  
Residence Address 5228 Port a Prince Indianapolis Marion IN  
Previous Marital Status: Never Married ☐ OR ☒  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

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

6. List the full names of any dependent children.  
Dawn Brooks  
Robert Brooks  
Julie Brooks

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Charles Leroy Brooks

Residence of father (if deceased so state) 446 Davidson, Indianapolis IN

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Mary Louise Salke

Residence of mother (if deceased so state) Indianapolis, IN

Birthplace of mother (State or foreign country) Indiana

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

County of \_\_\_\_\_

Signed Charles L. Brooks Jr.

New Address P.O. Box 91 Pittsboro Ind.

Subscribed and sworn to before me this 9 day of July, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

## FEMALE APPLICANT

Name Debra L. Johnson  
Date of Birth October 19 1954  
Place of Birth (State or foreign country) Indiana  
Residence Address RR Box 91 Pittsboro Hendricks IN  
Previous Marital Status: Never Married ☐ OR ☒  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

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

6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Karl R. Schreiner

Residence of father (if deceased so state) Indianapolis, IN

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Edna L. LaMaster

Residence of mother (if deceased so state) Deceased

Birthplace of mother (State or foreign country) Indiana

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

County of \_\_\_\_\_

Signed Debra L. Johnson

New Address P.O. Box 91 Pittsboro, IN.

Subscribed and sworn to before me this 9 day of July, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed \_\_\_\_\_

County \_\_\_\_\_ Court by written order issued \_\_\_\_\_

in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court

of Indiana dated the 15 day of July, 1982, authorizing the joining together as husband and wife

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

I, J. V. Bales, hereby certify that on the 16 day of July, 1982, County of Hendricks,

one thousand nine hundred and 82, at Marion, County, State of Ind.

State of Indiana, Groom Charles L. Brooks, Jr. of Hendricks County, State of Ind.

and, Bride Debra L. Johnson of Hendricks County, State of Ind.

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

Dated this 16 day of July, 1982

Signed J. V. Bales

Official Designation Judge, 1982

Signed Mary Jane Russell Clerk

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



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

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
**HENDRICKS** County

No. 345  
File 7-9-82  
Date of Application

**MALE**  
Medical Examination Report Dated Steinkeler  
Name of Physician 7-6-82

**FEMALE**  
Medical Examination Report Dated Steinkeler  
Name of Physician 7-6-82

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

**MALE APPLICANT**

Name Dennis L. Haller  
Date of Birth 4-16-47  
Place of Birth (State or foreign country) Indiana  
Residence Address 2338 Buland Dr., Indianapolis Hendricks IN  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License & picture

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father LIAMUS A. Haller  
Residence of father (if deceased so state) Tell City, IN  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Wanda Davis  
Residence of mother (if deceased so state) Indiana  
Birthplace of mother (State or foreign country) Kentucky

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

Signed Dennis L. Haller  
New Address 2338 Buland Dr. Indpls

Subscribed and sworn to before me this 7 day of July, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Sharon K. Pouyatt  
Date of Birth 5-21-54  
Place of Birth (State or foreign country) Indiana  
Residence Address 10231 Maumee Dr., Indianapolis Hendricks IN  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License & picture

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

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

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

Signed Sharon Pouyatt  
New Address 2338 Buland Dr Ind

Subscribed and sworn to before me this 9 day of July, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23 day of July, 1982, authorizing the joining together as husband and wife of Dennis L. Haller and Sharon K. Pouyatt.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
1, John C. Mouw hereby certify that on the 23 day of July, one thousand nine hundred and 82, at Danville, County of Hendricks, State of Indiana, Groom Dennis L. Haller and, Bride Sharon K. Pouyatt of Hendricks County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 23 day of July, 1982.

Signed John C. Mouw

Official Designation Judge  
27 day of July, 1982

Signed Mary Jane Russell  
HENDRICKS Clerk  
Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 346  
File  
7-9-82  
Date of Application

MALE  
Medical Examination Report Dated 6-30-82  
Name of Physician T. Schwart

FEMALE  
Medical Examination Report Dated 7-1-82  
Name of Physician J. Z. 1-82 J. Berlin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-2 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Michael W. Richmond  
Date of Birth January 19 1962  
Place of Birth (State or foreign country) Indianapolis, In  
Residence Address R.R. 2 Box 17 Poland, In 48668  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Airface ID

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Wayne Hamilton Richmond  
Residence of father (if deceased so state) Poland, Ind.  
Birthplace of father (State or foreign country) W. Va.  
9. Full maiden name of mother Rosy Jones Evans  
Residence of mother (if deceased so state) Poland, In  
Birthplace of mother (State or foreign country) Tex

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

Signed [Signature]  
New Address R.R. 2 Box 17 Poland, In 48668

Subscribed and sworn to before me this 9 day of July, 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, Hendricks } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

FEMALE APPLICANT

Name Lora Lee Burge  
Date of Birth June 30 1964  
Place of Birth (State or foreign country) Portsmouth, Va  
Residence Address 9829 West Bradford Rd. Indianapolis, In  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

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

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

Signed [Signature]  
New Address R.R. 2 Box 17 Poland, In 48668

Subscribed and sworn to before me this 9 day of July, 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, Hendricks } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 13 day of July, 1982, authorizing the joining together as husband and wife of Michael W. Richmond and Lora Lee Burge.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Robert S. Holding, hereby certify that on the 16 day of July, 1982, at Indianapolis, County of Marion, State of Indiana, Groom Michael W. Richmond, of Hendricks County, State of Indiana, and, Bride Lora Lee Burge, 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 July, 1982.

Signed Robert S. Holding  
Official Designation Marriage, 1982  
Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of July, 1982  
Signed Mary Jane Russell  
Hendricks Circuit Court



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

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
**HENDRICKS** County

No. 347  
File \_\_\_\_\_  
Date of Application 7-12-82

**MALE**  
Medical Examination Report Dated 7-9-82  
Name of Physician Shostridge

**FEMALE**  
Medical Examination Report Dated 7-9-82  
Name of Physician Shostridge

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

**MALE APPLICANT**

Name Charles E. Voelkel  
Date of Birth September 29 1947  
Place of Birth (State or foreign country) Indiana  
Residence Address RR5Bx 194 Danville Hendricks IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License w/picture

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Voelkel  
Residence of father (if deceased so state) Deceased  
Birthplace of father (State or foreign country) New York  
9. Full maiden name of mother Thelma Huffstetler  
Residence of mother (if deceased so state) Danville, IN  
Birthplace of mother (State or foreign country) North Carolina

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

Signed Charles E. Voelkel  
New Address 5568 Blue Hill Cir #B Indpls, IN

Subscribed and sworn to before me this 12 day of July, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 19 day of July, 1982, authorizing the joining together as husband and wife of Charles E. Voelkel and Ellen L. Moore.

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

I, Raymond H. Duff, hereby certify that on the 22 day of July, one thousand nine hundred and 82, at Madelwood, County of Hendricks, State of Indiana, Groom Charles E. Voelkel and, Bride Ellen L. Moore of Madelwood County, State of Ind were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 19 day of July, 1982.

Signed Raymond H. Duff  
Official Designation Recorder  
day of August, 1982

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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

**FEMALE APPLICANT**

Name Ellen L. Moore  
Date of Birth January 5 1955  
Place of Birth (State or foreign country) Kentucky  
Residence Address 5568 Blue Hill #B Indianapolis Marion IN  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License w/picture

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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. Cornelison  
Residence of father (if deceased so state) Indianapolis, IN  
Birthplace of father (State or foreign country) Kentucky  
9. Full maiden name of mother Betty C. Foley  
Residence of mother (if deceased so state) Blainfield, IN  
Birthplace of mother (State or foreign country) Kentucky

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

Signed Ellen L. Moore  
New Address 5568 Blue Hill Circle #B Indianapolis

Subscribed and sworn to before me this 12 day of July, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 348  
File \_\_\_\_\_  
Date of Application 7-12-82

**MALE**  
Medical Examination Report Dated 7/7/82  
Name of Physician Black

**FEMALE**  
Medical Examination Report Dated 7/7/82  
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 David A. Scherer  
Date of Birth 10/2/1962  
Place of Birth (State or foreign country) Laurel, Ind.  
Residence Address 21 Box 185 C-19 Pittsboro, Ind.  
Previous Marital Status: Never Married ☒ OR ☐  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

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

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

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

Signed David A. Scherer  
New Address 6416 Whitehaven Rd. #1136

Subscribed and sworn to before me this 12 day of July, 1982  
Mary Jane Russell Clerk HENDRICKS Circuit Court

**FEMALE APPLICANT**

Name Dawn Cherice Sanders  
Date of Birth 4/10/1962  
Place of Birth (State or foreign country) Laurel, Ind.  
Residence Address 21 Box 185 C-19 Pittsboro, Ind.  
Previous Marital Status: Never Married ☒ OR ☐  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

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

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

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

Signed Dawn Cherice Sanders  
New Address 6416 Whitehaven Rd. Apt #1136

Subscribed and sworn to before me this 12 day of July, 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, HENDRICKS } ss: \_\_\_\_\_  
County of \_\_\_\_\_

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, HENDRICKS } ss: \_\_\_\_\_  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 16 day of July, 1982, authorizing the joining together as husband and wife of David A. Scherer and Dawn C. Sanders  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, William C. McDraw hereby certify that on the 23 day of July, 1982, at Pittsboro, Ind. County of Hendricks, State of Indiana, Groom David A. Scherer of Hendricks County, State of Indiana and, Bride Dawn C. Sanders 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 23 day of July, 1982. Signed William Charles McDraw  
Official Designation Minister, 1982.  
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of July, 1982.



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

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
HENDRICKS County

No. 349  
File 7-12-82  
Date of Application

**MALE**  
Medical Examination Report Dated 6-26-82  
Name of Physician Lovall

**FEMALE**  
Medical Examination Report Dated 6-14-82  
Name of Physician L. 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 Michael D. Bailey  
Date of Birth Oct 22 1962  
Place of Birth (State or foreign country) Indpls Ind  
Residence Address R.R. 1 Box 238 M. Linton Hend. Ind.  
Previous Marital Status: Never Married ☒ OR ☐  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father David L. Bailey  
Residence of father (if deceased so state) Indpls Ind  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Sharon L. Nesbit  
Residence of mother (if deceased so state) Linton Ind.  
Birthplace of mother (State or foreign country) Indiana

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

Signed Michael D. Bailey

New Address P.O. Box 202 Maple, Pittsboro IN

Subscribed and sworn to before me this 12 day of July, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Sherry L. Ridenour  
Date of Birth Oct 1 1963  
Place of Birth (State or foreign country) Indianapolis Ind  
Residence Address P.O. Box 9 - 202 S. Maple Pittsboro, In  
Previous Marital Status: Never Married ☒ OR ☐  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

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

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

Signed Sherry L. Ridenour

New Address 202 S. Maple - Pittsboro IN

Subscribed and sworn to before me this 12 day of July, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County Superior Court by written order issued July 14, 1982 and filed in J. Now authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be 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 July, 1982, authorizing the joining together as husband and wife of Michael D. Bailey and Sherry L. Ridenour.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Byron R. Pokus hereby certify that on the 12 day of July, 1982, at Pittsboro, County of Hendricks, State of Indiana, Groom Michael D. Bailey of Hendricks County, State of Indiana and, Bride Sherry L. Ridenour 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 19 day of July, 1982.

Signed Byron R. Pokus

Official Designation Indep. Minister  
day of July, 1982

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 350  
File 7-13-82  
Date of Application

MALE  
Medical Examination Report Dated 7-10-82  
Name of Physician R. Stegemoller

FEMALE  
Medical Examination Report Dated 7-10-82  
Name of Physician R. Stegemoller

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

MALE APPLICANT  
Name Steven D. Davidson  
Date of Birth Nov 21 1962  
Place of Birth (State or foreign country) Indianapolis, In  
Residence Address Box 221 Pearl St North Salem, In  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

FEMALE APPLICANT  
Name Deborah A. Bongiger  
Date of Birth June 12 1965  
Place of Birth (State or foreign country) New Brunswick, N.J.  
Residence Address Box 208 Sipton, 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) \_\_\_\_\_
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - List the full names of any dependent children.

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Daniel Keith Davidson  
Residence of father (if deceased so state) North Salem, In  
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Janice E. Wright  
Residence of mother (if deceased so state) North Salem, In  
Birthplace of mother (State or foreign country) Indiana

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

Signed Dora Davidson  
New Address Box 221 Pearl St North Salem

Subscribed and sworn to before me this 13 day of July, 1982  
Mary Jane Russell Clerk HENDRICKS Circuit Court

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Milton Robert Bongiger  
Residence of father (if deceased so state) unknown  
Birthplace of father (State or foreign country) New Jersey

9. Full maiden name of mother Rochelle Anne Woodward  
Residence of mother (if deceased so state) Sipton, In  
Birthplace of mother (State or foreign country) Indiana

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

Signed Deborah A. Bongiger  
New Address Box 221 Pearl St North Salem, In

Subscribed and sworn to before me this 13 day of July, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed B. Anne Bongiger Mother  
Subscribed and sworn to before me this 14 day of July, 1982  
Mary Jane Russell Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ HENDRICKS Circuit Court  
of Indiana dated the 12 day of July, 1982, authorizing the joining together as husband and wife  
of Steven Davidson and Deborah A. Bongiger  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, John C. Mauser hereby certify that on the 18 day of July, 1982,  
one thousand nine hundred and \_\_\_\_\_ at Hamlet, County of Hendricks,  
State of Indiana, Groom Steven Davidson of \_\_\_\_\_ County, State of \_\_\_\_\_  
and, Bride Deborah A. Bongiger 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 18 day of July, 1982.  
Signed John C. Mauser  
Official Designation County Clerk  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 351  
File 7-13-82  
Date of Application

MALE  
Medical Examination Report Dated 7-6-82  
Name of Physician Stegemoller

FEMALE  
Medical Examination Report Dated 7-6-82  
Name of Physician Stegemoller

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

## MALE APPLICANT

Name First Robert Middle M. Last Compton  
Date of Birth Month October Day 16 Year 1961  
Place of Birth (State or foreign country) Indiana  
Residence Address Street or R. R. City Howard County IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 B. Compton  
Residence of father (if deceased so state) Russiaville, IN  
Birthplace of father (State or foreign country) Virginia  
9. Full maiden name of mother Betty So Rasnic  
Residence of mother (if deceased so state) Russiaville, IN  
Birthplace of mother (State or foreign country) Virginia

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

Signed Robert M. Compton

New Address 10482 E. 37th Apt. C Indianapolis 46236

Subscribed and sworn to before me this 13 day of July, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

## FEMALE APPLICANT

Name First Karen Middle L. Last Clark  
Date of Birth Month January Day 19 Year 1962  
Place of Birth (State or foreign country) Indiana  
Residence Address Street or R. R. City North Salem County IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Edward Clark  
Residence of father (if deceased so state) North Salem, IN  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Helen Fay Smith  
Residence of mother (if deceased so state) North Salem, IN  
Birthplace of mother (State or foreign country) Arkansas

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

Signed Karen L. Clark

New Address 10482 E. 37th Apt. C Indianapolis 46236

Subscribed and sworn to before me this 13 day of July, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 13 day of July, 1982, authorizing the joining together as husband and wife

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

I, Carl Davis hereby certify that on the 13 day of July, 1982, at North Salem, County of Hendricks, State of Indiana, Groom Robert M. Compton and, Bride Karen L. Clark 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 13 day of July, 1982

Signed Carl Davis

Official Designation Clergyman

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of July, 1982



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 352  
File  
Date of Application July 14, 1982

MALE  
Medical Examination Report Dated 7-23-82  
Name of Physician Ritchie Coors

FEMALE  
Medical Examination Report Dated 7-24-82  
Name of Physician Ritchie Coors

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Foster Last Webb  
Date of Birth Month April Day 9 Year 1961  
Place of Birth (State or foreign country) Ind.  
Residence Address Street or R. R. 412 Douglas City Brownsburg State Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 M. Webb  
Residence of father (if deceased so state) Brownsburg, Ind.  
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Lois Jane Thompson  
Residence of mother (if deceased so state) Brownsburg, Ind.  
Birthplace of mother (State or foreign country) Ind.

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

Signed William Foster Webb  
New Address 412 DOUGLAS DR.  
Subscribed and sworn to before me this 14 day of July, 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, HENDRICKS } ss:  
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First Anna Middle Marie Last Thomas  
Date of Birth Month Feb Day 15 Year 1963  
Place of Birth (State or foreign country) Ind.  
Residence Address Street or R. R. 412 Douglas City Brownsburg State Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Wm Thomas  
Residence of father (if deceased so state) Brownsburg, Ind.  
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Glenn M. Fruits  
Residence of mother (if deceased so state) Brownsburg, Ind.  
Birthplace of mother (State or foreign country) Ind.

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

Signed Anna Marie Thomas  
New Address 412 Douglas Dr. Brownsburg, Ind.  
Subscribed and sworn to before me this 14 day of July, 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, HENDRICKS } ss:  
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23 day of July, 1982, authorizing the joining together as husband and wife

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

I, Joseph D. Wilson, hereby certify that on the 1 day of August, 1982, at Brownsburg, Ind., County of Hendricks, State of Indiana, Groom William Foster Webb of Hendricks, County, State of Ind.

and, Bride Anna Marie Thomas of Hendricks, County, State of Ind.

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

Dated this 1 day of August, 1982.

Signed Joseph D. Wilson  
Official Designation Minister, 1982.

Signed Mary Jane Russell  
Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of Aug, 1982.



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 353  
File 7-14-82  
Date of Application

MALE  
Medical Examination Report Dated 7-14-82  
Name of Physician Mount

FEMALE  
Medical Examination Report Dated 7-14-82  
Name of Physician Mount

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

**MALE APPLICANT**

Name William Phillips  
Date of Birth 4 3 1955  
Place of Birth (State or foreign country) Elkhart, Ind.  
Residence Address Box 272B Adrian Elkhart Ind.  
Previous Marital 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 G. Phillips  
Residence of father (if deceased so state) Elkhart, Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Lois L. Grey  
Residence of mother (if deceased so state) Elkhart, Ind.  
Birthplace of mother (State or foreign country) Indiana  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of  
Signed William G. Phillips  
New Address Box 272B Adrian Ind. 47562  
Subscribed and sworn to before me this 14 day of July, 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, HENDRICKS } ss:  
County of  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Cathy Jo Taylor  
Date of Birth 6 30 1954  
Place of Birth (State or foreign country) Elkhart, Ind.  
Residence Address 1771 Adam Burg Ind.  
Previous Marital 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.  
Carrie Ann Taylor  
Adam Lane Taylor  
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 F. Hopkins  
Residence of father (if deceased so state) Pittsboro, Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Mary Lou McKinney  
Residence of mother (if deceased so state) Deceased  
Birthplace of mother (State or foreign country) Indiana  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of  
Signed Cathy Jo Taylor  
New Address Box 272B Adrian Ind. 47562  
Subscribed and sworn to before me this 14 day of July, 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, HENDRICKS } ss:  
County of  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE** HENDRICKS Circuit Court  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 20 day of July, 1982, authorizing the joining together as husband and wife of William G. Phillips and Cathy Jo Taylor.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Robert D. Riley, hereby certify that on the 24 day of July, 1982, at Newburg, County of Greene, State of Indiana, Groom William G. Phillips of Hendricks County, State of Ind. and, Bride Cathy Jo Taylor 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 24 day of July, 1982.

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of August, 1982.  
Signed William G. Phillips  
Official Designation Minister  
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

No. 354

File \_\_\_\_\_

Date of Application 7-15-82

MALE  
Medical Examination Report Dated 7-10-82  
Name of Physician Scamahorn

FEMALE  
Medical Examination Report Dated 7-10-82  
Name of Physician 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 Mark A. Postwood  
Date of Birth 5 16 1960  
Place of Birth (State or foreign country) Indpls Ind.  
Residence Address 130 W. Maden B'burg Ind.

Previous Marital 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

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Norman E. Postwood  
Residence of father (if deceased so state) B'burg Ind.  
Birthplace of father (State or foreign country) B'burg Ind.

9. Full maiden name of mother Marilyn A. Cassidy  
Residence of mother (if deceased so state) Indpls Ind.  
Birthplace of mother (State or foreign country) Indiana

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

Signed Mark A. Postwood  
New Address 1224 Rushmore Blvd. E. Indpls

Subscribed and sworn to before me this 15 day of July, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

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

\_\_\_\_\_, Clerk

FEMALE APPLICANT

Name Tammy L. Davis  
Date of Birth 2 31 1961  
Place of Birth (State or foreign country) Bremahaven Germany  
Residence Address 4673 Londonderry Indpls Ind.

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

☐ Other (Specify) \_\_\_\_\_

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

Robert H. Davis

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐  
If answer is "yes", it is required that this Application be 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 D. Springfield  
Residence of father (if deceased so state) Indpls Ind.  
Birthplace of father (State or foreign country) Texas

9. Full maiden name of mother Gail Ann Leeman  
Residence of mother (if deceased so state) Indpls Ind.  
Birthplace of mother (State or foreign country) Massachusetts

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

Signed Tammy L. Davis  
New Address 1224 Rushmore Blvd. E. Indpls

Subscribed and sworn to before me this 15 day of July, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

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

\_\_\_\_\_, Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 15 day of July, 1982, authorizing the joining together as husband and wife of Mark A. Postwood and Tammy L. Davis

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 15 day of July, 1982

I, John C. Mowrer hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, County of Hendricks, State of Ind.

one thousand nine hundred and 82 at Spawville County, State of Ind.

State of Indiana, Groom Mark A. Postwood of Hendricks County, State of Ind.

and, Bride Tammy L. Davis of Marion County, State of Ind.

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

Dated this 15 day of July, 1982. Signed John C. Mowrer  
Official Designation Judge \_\_\_\_\_, 1982.  
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 355  
File \_\_\_\_\_  
Date of Application \_\_\_\_\_

MALE  
Medical Examination Report Dated 7-12-82  
Name of Physician James Black

FEMALE  
Medical Examination Report Dated 7-12-82  
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 Robert Clifford Burdine  
Date of Birth June 20 1958  
Place of Birth (State or foreign country) Indpls  
Residence Address R.R. 6 Box 238, Danville Ind  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☒ Other (Specify) Drivers Lic w/pic  
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.  
8. Full name of father William Clifford Burdine  
Residence of father (if deceased so state) Danville  
Birthplace of father (State or foreign country) Ky  
9. Full maiden name of mother Ma Garner  
Residence of mother (if deceased so state) Danville  
Birthplace of mother (State or foreign country) Ky  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Robert C Burdine  
New Address RR 6 Box 238 Danville

Subscribed and sworn to before me this 15 day of July 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

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

FEMALE APPLICANT  
Name Nancy Irene Bartley  
Date of Birth Sept 29 1968  
Place of Birth (State or foreign country) Indpls  
Residence Address R.R. 6 Box 238, Danville Ind  
Previous Marital 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 Willard Bartley  
Residence of father (if deceased so state) deceased  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Mary Virginia Harrison  
Residence of mother (if deceased so state) Danville  
Birthplace of mother (State or foreign country) Indiana  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Nancy D. Bartley  
New Address R.R. 6 Box 238, Danville 46122

Subscribed and sworn to before me this 15 day of July 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 20 day of July 1982, authorizing the joining together as husband and wife of Robert Clifford Burdine and Nancy Irene Bartley.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Howard Cuss, hereby certify that on the 24 day of July 1982, at Danville, County of Hendricks, State of Indiana, Groom Robert Clifford Burdine and, Bride Nancy Irene Bartley 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 July 1982.

Signed Howard Cuss

Official Designation Pastor  
Subscribed and sworn to before me this 27 day of July 1982

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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



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

Re - Marriage  
STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 356  
File  
Date of Application 7-15-82

MALE  
Medical Examination Report Dated 6-25-82  
Name of Physician J. Black

FEMALE  
Medical Examination Report Dated 6-25-82  
Name of Physician J. Black

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

MALE APPLICANT

Name First James Middle D. Last Malon  
Date of Birth Month 14 Day 14 Year 1940  
Place of Birth (State or foreign country) Birmingham, Ala  
Residence Address RR #1 Box 470 Clayton, 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.  
Cordy Malon 18

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Buddy Malon  
Residence of father (if deceased so state) Big Sandy, Tenn  
Birthplace of father (State or foreign country) Ala
9. Full maiden name of mother Lucy C. Latimer  
Residence of mother (if deceased so state) Plainfield, Ind  
Birthplace of mother (State or foreign country) Ala
- State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of

Signed James D Malon  
New Address RR 1 Box 470 Clayton Ind  
Subscribed and sworn to before me this 15 day of July, 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, Hendricks } ss:  
County of  
Signed Father  
Signed Mother  
Subscribed and sworn to before me this day of 1982  
Clerk

FEMALE APPLICANT

Name First Sadie Middle Mae Last Malon  
Date of Birth Month 12 Day 28 Year 1935  
Place of Birth (State or foreign country) Horse Branch, Ky  
Residence Address 129 Eastern Ave Plainfield, 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.  
Eva Lynn Likens 18

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Burden  
Residence of father (if deceased so state) deceased  
Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Zelma Maiden  
Residence of mother (if deceased so state) deceased  
Birthplace of mother (State or foreign country) Ky
- State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Sadie Mae Malon  
New Address RR 1 Box 470 Clayton Ind  
Subscribed and sworn to before me this 15 day of July, 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, Hendricks } ss:  
County of  
Signed Father  
Signed Mother  
Subscribed and sworn to before me this day of 1982  
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 in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 22 day of July, 1982, authorizing the joining together as husband and wife of James D. Malon and Sadie Mae Malon.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, John C. Murren hereby certify that on the 6 day of Aug, 1982, at Hendricks, County of Hendricks, State of Indiana, Groom James D. Malon of Hendricks, County, State of Indiana, and, Bride Sadie Mae Malon 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 August, 1982.  
Signed John C. Murren  
Official Designation Judge  
day of August, 1982  
Signed Mary Jane Russell Clerk  
Hendricks Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 357  
File  
7-16-82  
Date of Application

MALE  
Medical Examination Report Dated 7-9-82  
Name of Physician Larry D. Small

FEMALE  
Medical Examination Report Dated 7-9-82  
Name of Physician Larry D. Small

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Basford Last  
Date of Birth Dec. 27 1955  
Place of Birth (State or foreign country) Richmond, Indiana  
Residence Address 1212 Bluff Rd. Plainfield, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father William Ray Basford  
Residence of father (if deceased so state) Plainfield, Ind.  
Birthplace of father (State or foreign country) Kentucky  
9. Full maiden name of mother Sadonna Sue Rosta  
Residence of mother (if deceased so state) Plainfield, Ind.  
Birthplace of mother (State or foreign country) Indiana

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

Signed Larry P. Basford  
New Address 4948 W. 15<sup>th</sup> St. Indpls.

Subscribed and sworn to before me this 16 day of July, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
Clerk

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23 day of July, 1982, authorizing the joining together as husband and wife of Larry Paul Basford and Larva Deaneen Ruse.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Raymond L. Rader, hereby certify that on the 25 day of July, 1982, at Lexington, County of Hendricks, State of Indiana, Groom Larry Paul Basford and, Bride Larva Deaneen Ruse, of Hendricks County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 25 day of July, 1982.

Signed Raymond L. Rader

Official Designation Pastor August 3, 1982

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of August, 1982



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 358  
File  
Date of Application 7-16-82

MALE

Medical Examination Report Dated 7-15-82  
Name of Physician Kerlin

FEMALE

Medical Examination Report Dated 7-15-82  
Name of Physician Kerlin

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

MALE APPLICANT

Name First Middle Last  
Bradley John Soben  
Date of Birth Month Day Year  
September 21 1954  
Place of Birth (State or foreign country) Richmond Heights Missouri  
Residence Address Street or R.R. City County State  
5139 Thompson Run Indpls. Marion In  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 John Soben  
Residence of father (if deceased so state): St. Louis  
Birthplace of father (State or foreign country): Missouri  
9. Full maiden name of mother: Martha Jane Barrett  
Residence of mother (if deceased so state): St. Louis  
Birthplace of mother (State or foreign country): Missouri

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

Signed: [Signature]  
New Address: 7503 Nantucket Court Indpls. IN 46224

Subscribed and sworn to before me this 16 day of July, 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, Hendricks } ss:  
County of

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1982  
Clerk

FEMALE APPLICANT

Name First Middle Last  
Elizabeth Ann Kerlin  
Date of Birth Month Day Year  
May 13 1958  
Place of Birth (State or foreign country) Indpls. Marion In  
Residence Address Street or R.R. City County State  
160 Urban St. Danville Hend In  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

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

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

Signed: [Signature]  
New Address: 7503 Nantucket Court Indpls. IN 46224

Subscribed and sworn to before me this 16 day of July, 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, Hendricks } ss:  
County of

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1982  
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 in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 20 day of July, 1982, authorizing the joining together as husband and wife of Bradley John Barrett Soben and Elizabeth Ann Kerlin.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Ronald M. Dugle hereby certify that on the 31 day of July, 1982, at Danville, County of Hendricks, State of Indiana, Groom Bradley John Barrett Soben of Marion County, State of Indiana, and Bride Elizabeth Ann Kerlin of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 31 day of July, 1982.

Signed: Rev. Ronald M. Dugle  
Official Designation: Pastor  
day of August, 1982  
Clerk

Signed: Mary Jane Russell  
HENDRICKS  
Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 359  
File  
7-16-82  
Date of Application

MALE  
Medical Examination Report Dated 7-13-82  
Name of Physician Haggard

FEMALE  
Medical Examination Report Dated 7-13-82  
Name of Physician Haggard

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

## MALE APPLICANT

Name First Leon Middle R. Last Godby, Jr.  
Date of Birth Month Jan Day 22 Year 1960  
Place of Birth (State or foreign country) Indiana  
Residence Address Street or R. R. R.R. 1 Box 166 City Duville County Hend State Ind  
Previous Marital 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

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Leon R. Godby, Sr.  
Residence of father (if deceased so state) Duveston, Ky  
Birthplace of father (State or foreign country) Ky

9. Full maiden name of mother Lucille Marie Irivett  
Residence of mother (if deceased so state) Clayton  
Birthplace of mother (State or foreign country) Ky

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

Signed Leon R. Godby, Jr.  
New Address R.R. 1 Box 166 Duville

Subscribed and sworn to before me this 16 day of July, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name First Terri Middle Jean Last Gibson  
Date of Birth Month April Day 27 Year 1961  
Place of Birth (State or foreign country) Indpls.  
Residence Address Street or R. R. R.R. 1 Box 166 City Duville County Hend State Ind  
Previous Marital 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

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

Christina Marie Gibson  
Matthew Gibson

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Buddy Lee Fisher  
Residence of father (if deceased so state) Clayton  
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Mary Lou Thorpe  
Residence of mother (if deceased so state) Duville  
Birthplace of mother (State or foreign country) Indiana

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

Signed Terri J. Gibson  
New Address R.R. 1 Box 166 Duville

Subscribed and sworn to before me this 16 day of July, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 20 day of July, 1982, authorizing the joining together as husband and wife of Leon R. Godby, Jr. and Terri Jean Gibson.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Edwin J. Phillips, hereby certify that on the 31 day of July, 1982, at Clayton, County of Hendricks, State of Indiana, Groom Leon R. Godby, Jr. and, Bride Terri Jean Gibson, 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 31 day of July, 1982.

Signed Edwin J. Phillips

Official Designation Postmaster  
3 day of Aug, 1982

Signed Mary Jane Russell  
HENDRICKS Clerk  
Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 360  
File 7-16-82  
Date of Application

MALE  
Medical Examination Report Dated 7-15-82  
Name of Physician R. Stegemoller

FEMALE  
Medical Examination Report Dated 7-15-82  
Name of Physician R. Stegemoller

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

MALE APPLICANT

Name First William Middle A Last Yount  
Date of Birth Month Sept Day 16 Year 1940  
Place of Birth (State or foreign country) Providence, Indiana  
Residence Address Street or R. R. 3745 Co Rd 950E City Brownsburg, In State  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☐ Other (Specify) Drivers Lic w/Pic  
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.  
8. Full name of father: Albert A. Yount  
Residence of father (if deceased so state): Deceased  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Mary Thelma Anderson  
Residence of mother (if deceased so state): Brownsburg, In  
Birthplace of mother (State or foreign country): Indiana  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of: HENDRICKS

Signed William A Yount  
New Address 3745 County Rd 950E  
Subscribed and sworn to before me this 16 day of July, 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, HENDRICKS } ss:  
County of: HENDRICKS  
Signed: Father  
Signed: Mother  
Subscribed and sworn to before me this day of 19 Clerk

FEMALE APPLICANT

Name First Barbara Middle L Last Jackson  
Date of Birth Month Nov Day 23 Year 1945  
Place of Birth (State or foreign country) Providence, R.I.  
Residence Address Street or R. R. 3745 Co Rd 950E City Brownsburg, In State  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☐ Other (Specify) Drivers Lic w/Pic  
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.  
8. Full name of father: James F. Hancock  
Residence of father (if deceased so state): deceased  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Dorothy Bussiere  
Residence of mother (if deceased so state): Jacksonville, Fla  
Birthplace of mother (State or foreign country): Mass.  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of: HENDRICKS

Signed Barbara L. Jackson  
New Address 3745 County Rd 950E  
Subscribed and sworn to before me this 16 day of July, 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, HENDRICKS } ss:  
County of: HENDRICKS  
Signed: Father  
Signed: Mother  
Subscribed and sworn to before me this day of 19 Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Circuit Court of Indiana dated the 21 day of July, 1982, authorizing the joining together as husband and wife of William A Yount and Barbara L Jackson  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
1. Robert Yount hereby certify that on the 24 day of July, 1982, at Co Rd 950 E, County of Hendricks, State of Indiana, Groom William A Yount of Hendricks County, State of Indiana, and, Bride Barbara L Jackson 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 July, 1982.  
Signed Robert Yount  
Official Designation Minister, 1982  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

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



Good only in Hend. Co.

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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 361

File  
Date of Application 7-19-82

MALE  
Medical Examination Report Dated 7-2-1982  
Name of Physician Myers

FEMALE  
Medical Examination Report Dated 6-30-82  
Name of Physician Langford

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

## MALE APPLICANT

Name Patrick Charles Bohm  
Date of Birth 2 1 1958  
Place of Birth (State or foreign country) Canton Ill  
Residence Address 4919 McPherson Street or R. R. City Roswell Cobb GA.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father James Dale Bohm  
Residence of father (if deceased so state) Roswell GA.  
Birthplace of father (State or foreign country) Illinois  
9. Full maiden name of mother Barbara Bryanich  
Residence of mother (if deceased so state) Roswell GA.  
Birthplace of mother (State or foreign country) Illinois  
State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Patrick Bohm

New Address Strickland Rd Roswell

Subscribed and sworn to before me this 19 day of July, 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, Hendricks } ss:  
County of

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name Colleen Ann Hession  
Date of Birth 11 5 1960  
Place of Birth (State or foreign country) Boone Co, Ind.  
Residence Address 4919 McPherson Street or R. R. City Roswell Cobb GA.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 F. Hession  
Residence of father (if deceased so state) B'burg, Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Jacqueline Kay Runyon  
Residence of mother (if deceased so state) B'burg Ind.  
Birthplace of mother (State or foreign country) Michigan

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

Signed Colleen Hession

New Address Strickland Rd Roswell Ga

Subscribed and sworn to before me this 19 day of July, 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, Hendricks } ss:  
County of

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 23rd day of July, 1982, authorizing the joining together as husband and wife of PATRICK CHARLES BOHM and COLLEEN ANN HESSION. Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, WILLIAM A. PAPPANO, hereby certify that on the 24th day of JULY, one thousand nine hundred and 82, at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom PATRICK CHARLES BOHM of COBB County, State of GEORGIA and, Bride COLLEEN ANN HESSION of DEKALB County, State of GEORGIA 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 24th day of JULY, 1982.

Signed /s/ WILLIAM A. PAPPANO

Official Designation CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of MAY, 1989.

Signed \_\_\_\_\_ Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

481

No. 362

File

Date of Application July 14, 1982

MALE

Medical Examination Report Dated 7-13-82

Name of Physician Eric Clark

FEMALE

Medical Examination Report Dated 7-13-82

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 Braxton R Forst  
Date of Birth Sept 7 1952  
Place of Birth (State or foreign country) Ind.  
Residence Address 549 Willow Dr. Danville Ind.  
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.  
Dustin Forst

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Keith P. Forst  
Residence of father (if deceased so state) Braunburg, Ind.  
Birthplace of father (State or foreign country) Ind.  
9. Full maiden name of mother Rhylene Smith  
Residence of mother (if deceased so state) Braunburg, Ind.  
Birthplace of mother (State or foreign country) Ind.

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

Signed Braxton K Forst

New Address 549 Willow Dr. Danville Ind.

Subscribed and sworn to before me this 16 day of July, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

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

FEMALE APPLICANT

Name Kimberly Mae Swift  
Date of Birth Jan 30 1946  
Place of Birth (State or foreign country) Ind.  
Residence Address 37 Marianne Ct Braunburg Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Albert Swift  
Residence of father (if deceased so state) Braunburg, Ind.  
Birthplace of father (State or foreign country) Ind.  
9. Full maiden name of mother Lula Everts  
Residence of mother (if deceased so state) Braunburg, Ind.  
Birthplace of mother (State or foreign country) Ind.

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

Signed Kimberly Swift

New Address 549 Willow Dr. Danville Ind.

Subscribed and sworn to before me this 16 day of July, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 20 day of July, 1982, authorizing the joining together as husband and wife of Braxton K. Forst and Kimberly Mae Swift

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

I, Dennis J. Dodson hereby certify that on the 24 day of July, 1982, at South Church County of Hendricks, State of Ind.  
one thousand nine hundred and 82 of Hendricks County, State of Ind.  
State of Indiana, Groom Braxton K. Forst of Hendricks County, State of Ind.  
and, Bride Kimberly Mae Swift 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 20 day of July, 1982.  
Signed Dennis J. Dodson  
Official Designation Minister, 1982.  
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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



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

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
**HENDRICKS** County

No. 363  
File 7-19-88  
Date of Application

**MALE**  
Medical Examination Report Dated 7-12-88  
Name of Physician Lovall

**FEMALE**  
Medical Examination Report Dated 7-12-88  
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 Jeffery Dee Brown  
Date of Birth March 13 1959  
Place of Birth (State or foreign country) Indpls., In  
Residence Address 4614 Farrington Indpls Mar In  
Previous Marital 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 Marcus Eugene Brown  
Residence of father (if deceased so state) Indpls.  
Birthplace of father (State or foreign country) In  
9. Full maiden name of mother Frances Ann Carwick  
Residence of mother (if deceased so state) Indpls.  
Birthplace of mother (State or foreign country) Penn.

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

Signed Jeffery Dee Brown  
New Address 4614 FARRINGTON INDPIS

Subscribed and sworn to before me this 19 day of July, 1988  
Mary Jane Russell Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, HENDRICKS } ss:

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Rhonda Dee Dillon  
Date of Birth Nov. 3 1961  
Place of Birth (State or foreign country) Indpls., In  
Residence Address P.O. Box 183 Clayton Ind In  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

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

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

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

Signed Rhonda Dee Dillon  
New Address 4614 Farrington Indpls.

Subscribed and sworn to before me this 19 day of July, 1988  
Mary Jane Russell Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, HENDRICKS } ss:

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day 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 July, 1988, authorizing the joining together as husband and wife of Jeffery Dee Brown and Rhonda Dee Dillon.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Teris D. Young, hereby certify that on the 31 day of July,  
one thousand nine hundred and 88, at Clayton, County of Hendricks,  
State of Indiana, Groom Jeffery Dee Brown and, Bride Rhonda Dee Dillon 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 31 day of July, 1988.

Signed Teris D. Young

Official Designation Pastor  
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of Aug., 1988.



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 364  
File 7-19-82  
Date of Application

MALE  
Medical Examination Report Dated 7-15-82  
Name of Physician Michael S. Neely, M.D.

FEMALE  
Medical Examination Report Dated 7-15-82  
Name of Physician Michael S. Neely, M.D.

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

## MALE APPLICANT

Name Geray A. Crist  
Date of Birth 7/8/63  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address 137 W. Jefferson Street, Jamestown, Ind. 46147  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Birth Certificate

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

- Are you required by any court order or orders to support the above dependent children? ☐ No ☐ Yes  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Geray A. Crist  
Residence of father (if deceased so state): Jamestown, Indiana  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Phyllis Irene Street  
Residence of mother (if deceased so state): Jamestown, Indiana  
Birthplace of mother (State or foreign country): Indiana

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

Signed Geray A. Crist  
New Address Linton, Ind.

Subscribed and sworn to before me this 19th day of July, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name Barbara Ann Ruble  
Date of Birth 7/26/64  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address R.R. #1, Box 79, Linton, 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) Birth Certificate

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

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

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

Signed Barbara A. Ruble  
New Address Linton, Indiana

Subscribed and sworn to before me this 19th day of July, 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.  
Her father and I are divorced and I am her legal guardian

State of Indiana, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed Patricia M. Clappitt Mother

Subscribed and sworn to before me this 19 day of July, 1982  
Mary Jane Russell Clerk

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana, dated the 23rd day of July, 1982, authorizing the joining together as husband and wife of Geray A. Crist and Barbara Ann Ruble.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Raymond L. Rader, hereby certify that on the 26th day of July, 1982, at Linton, County of Hendricks, one thousand nine hundred and 82, of Boone County, State of Ind.  
State of Indiana, Groom Geray A. Crist of Hendricks County, State of Ind.  
and, Bride Barbara Ann Ruble 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 26th day of July, 1982.  
Signed Raymond L. Rader  
Official Designation Justice, 1982  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



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

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
**HENDRICKS** County

No. 365  
File \_\_\_\_\_  
Date of Application 7-20-82

**MALE**  
Medical Examination Report Dated 7-17-82  
Name of Physician Malcolm D. Scamaroni

**FEMALE**  
Medical Examination Report Dated 7-17-82  
Name of Physician M.D. Scamaroni 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 Jeffrey Allen Luther  
Date of Birth 12 Month 11 Day 1963 Year  
Place of Birth (State or foreign country) Indianapolis, In  
Residence Address Rt 1 Box 223 E 3 Pittsboro, In  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree # 113-63-102952

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Orval A. Luther Jr.  
Residence of father (if deceased so state) Indianapolis, In  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Joan C. Rutherford  
Residence of mother (if deceased so state) Pittsboro, In  
Birthplace of mother (State or foreign country) Indiana

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

Signed Jeff Luther  
New Address Indpls. In

Subscribed and sworn to before me this 20 day of June, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 20 day of June, 1982, authorizing the joining together as husband and wife of Jeffrey Allen Luther and Patricia Marie Konousek.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Joseph D. Wilson, hereby certify that on the 4 day of Sept, one thousand nine hundred and 82, at Brownburg, County of Hendricks, State of Indiana, Groom Jeffrey Allen Luther of Hendricks County, State of Ind, and, Bride Patricia Marie Konousek 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 4 day of Sept, 1982.

Signed Joseph D. Wilson

Official Designation Recorder  
19 day of Sept, 1982

Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 366  
File 7-20-82  
Date of Application

MALE  
Medical Examination Report Dated 7-2-82  
Name of Physician Thomas Warner, M.D.

FEMALE  
Medical Examination Report Dated 7-16-82  
Name of Physician Robert McElroy, 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 David James Black  
Date of Birth 7 8 1959  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address 7395 E. 800 N., Brownsburg, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Maurice James Black, M.D.  
Residence of father (if deceased so state) Brownsburg, Ind.  
Birthplace of father (State or foreign country) Frankfort, Ind.  
9. Full maiden name of mother Mary Virginia Bauman  
Residence of mother (if deceased so state) Brownsburg, Ind.  
Birthplace of mother (State or foreign country) California

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

Signed David J. Black  
New Address 3170 Sintersfield Ln 2C, Indpls  
Subscribed and sworn to before me this 20 day of July, 1982  
Mary Jane Pursue Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:  
County of HENDRICKS

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name Martha Ann Hayes  
Date of Birth 11 3 1959  
Place of Birth (State or foreign country) Knoxville, Tennessee  
Residence Address 7210 East 800 N., Brownsburg, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

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

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

Signed Martha A. Hayes  
New Address 3170 Sintersfield Ln 2C, Indpls  
Subscribed and sworn to before me this 20 day of July, 1982  
Mary Jane Pursue Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:  
County of HENDRICKS

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued 3-14-82 and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 20 day of July, 1982, authorizing the joining together as husband and wife of David James Black and Martha Ann Hayes.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Paul R. Bauman hereby certify that on the 24 day of July,  
one thousand nine hundred and 82 at Brownsburg County of Hendricks,  
State of Indiana, Groom David James Black of Hendricks County, State of Ind,  
and, Bride Martha Ann Hayes 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 July, 1982.

Signed Paul R. Bauman  
Official Designation Clerk day of July, 1982  
Signed Mary Jane Pursue Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



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

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
**HENDRICKS** County

No. 367  
File \_\_\_\_\_  
Date of Application 7-20-82

**MALE**  
Medical Examination Report Dated 8-3-82  
Name of Physician Thomas C. Nascoli

**FEMALE**  
Medical Examination Report Dated 7-19-82  
Name of Physician Nascoli

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

**MALE APPLICANT**

Name Jeffrey B. Patterson  
Date of Birth September 3, 1963  
Place of Birth (State or foreign country) Indiana  
Residence Address 4685 N. 575 E. Brownsburg, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

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

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

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

Signed Jeffrey B. Patterson

New Address San Diego, California

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

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Deborah Lynne Powell  
Date of Birth July 23, 1965  
Place of Birth (State or foreign country) Texas  
Residence Address 4685 N. 575 E. Brownsburg, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Richard B. Powell  
Residence of father (if deceased so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Sharon Lee Jensen  
Residence of mother (if deceased so state) Beech Grove, Ind.  
Birthplace of mother (State or foreign country) Beech Grove, Ind.

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

Signed Deborah Lynne Powell

New Address San Diego, California

Subscribed and sworn to before me this 20 day of July, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed Sharon Jensen Mother

Subscribed and sworn to before me this 20 day of July, 1982  
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 3 day of Aug, 1982, authorizing the joining together as husband and wife of Jeffrey B. Patterson and Deborah Lynne Powell.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Charles A. Walls, hereby certify that on the 8 day of August, 1982, at Indianapolis, County of Marion, State of Indiana, Groom Jeffrey B. Patterson and, Bride Deborah Lynne Powell of Hendricks County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 3 day of August, 1982.

Signed Charles A. Walls

Official Designation Pastor  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1982.



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 368  
File  
7-21-82  
Date of Application

MALE  
Medical Examination Report Dated 7-19-82  
Name of Physician J. Black

FEMALE  
Medical Examination Report Dated 7-19-82  
Name of Physician J. Black

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

MALE APPLICANT

Name First Joe Middle Last Ludlow  
Date of Birth Month 6 Day 6 Year 1956  
Place of Birth (State or foreign country) Beach Grove, Ind  
Residence Address 106 N. Green Street or R. R. City Brownsburg State In  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

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

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

Signed Jay L. L...  
New Address 106 N. Green St. Bldg

Subscribed and sworn to before me this 21 day of July, 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, Hendricks } ss:  
County of

Signed Father  
Signed Mother

Subscribed and sworn to before me this day of 19 Clerk

FEMALE APPLICANT

Name First Lisa Middle Last Zepplin  
Date of Birth Month 7 Day 25 Year 1961  
Place of Birth (State or foreign country) East  
Residence Address 106 N. Green Street or R. R. City Brownsburg State In  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) Drives Lic w/Res
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Richard Dale Zepplin  
Residence of father (if deceased so state): Brownsburg Ind  
Birthplace of father (State or foreign country): Mich  
9. Full maiden name of mother: Joyce Elaine Atcherson  
Residence of mother (if deceased so state): Brownsburg, In  
Birthplace of mother (State or foreign country): Kan

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

Signed Lisa Zepplin  
New Address 106 N. Green St. Bldg Brownsburg

Subscribed and sworn to before me this 21 day of July, 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, Hendricks } ss:  
County of

Signed Father  
Signed Mother

Subscribed and sworn to before me this day of 19 Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued July 20, 1982 and filed in Hendricks County Circuit Court.

authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 21 day of July, 1982, authorizing the joining together as husband and wife of Larry Joe Ludlow and Lisa R. Zepplin.

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

I, Larry R. Nash, hereby certify that on the 24 day of July, 1982, at Brownsburg, Hendricks County, State of Indiana, Groom Larry Joe Ludlow of Hendricks County, State of Indiana, and Bride Lisa R. Zepplin 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 July, 1982.

Signed Larry R. Nash  
Official Designation Pastor, 1982

Signed Mary Jane Russell  
Clerk Hendricks Circuit Court

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



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

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
**HENDRICKS** County

No. 369  
File \_\_\_\_\_  
Date of Application 7-21-82

**MALE**  
Medical Examination Report Dated 7-14-82  
Name of Physician Roscoe Henderson

**FEMALE**  
Medical Examination Report Dated 7-14-82  
Name of Physician Roscoe Henderson

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

**MALE APPLICANT**  
Name Mark Kevin McCauley  
Date of Birth 11 3 1959  
Place of Birth (State or foreign country) Richmond Ind.  
Residence Address 3507 Clark Creek Rd. Indianapolis Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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. McCauley  
Residence of father (if deceased so state) Indianapolis  
Birthplace of father (State or foreign country) Cass Co. Ind.  
9. Full maiden name of mother Marilyn Ann Zeffert  
Residence of mother (if deceased so state) Indianapolis  
Birthplace of mother (State or foreign country) Hancock Co. Ind.

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

Signed Mark McCauley  
New Address Denver, Colorado

Subscribed and sworn to before me this 21 day of July, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**  
Name Malgorzata Sowa  
Date of Birth 2 16 1960  
Place of Birth (State or foreign country) Warsaw, Poland  
Residence Address 3507 Clark Creek Rd. Indianapolis Ind.  
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 with picture
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father HENRYK SOWA  
Residence of father (if deceased so state) 03-562 Warsaw, Poland  
Birthplace of father (State or foreign country) Poland  
9. Full maiden name of mother ALICJA GOJSKA  
Residence of mother (if deceased so state) POLAND, Warsaw  
Birthplace of mother (State or foreign country) POLAND

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

Signed Malgorzata Sowa  
New Address 3507 Clark Creek Rd. Indianapolis

Subscribed and sworn to before me this 21 day of July, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ 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 \_\_\_\_\_ Circuit Court of Indiana dated the 21 day of July, 1982, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, John C. Moore hereby certify that on the 21 day of July, 1982,  
one thousand nine hundred and eighty-two at Indianapolis, County of Hendricks,  
State of Indiana, Groom Mark Kevin McCauley of Marion County, State of Indiana,  
and, Bride Malgorzata Sowa 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 21 day of July, 1982

Signed John C. Moore  
Official Designation Clerk  
Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1982  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court



(Hendricks Co. only)  
STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

489

No. 370

File 7-22-82  
Date of Application

MALE  
Medical Examination Report Dated 7-22-82  
Name of Physician James Black, Md.

FEMALE  
Medical Examination Report Dated 7-22-82  
Name of Physician James Black, Md.

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

MALE APPLICANT

Name First Chris Middle L. Last Montgomery  
Date of Birth Month 3 Day 11 Year 1949  
Place of Birth (State or foreign country) San Francisco, Ca.  
Residence Address P.O. Box 446 Boring, 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) driver license (picture)

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.  
None

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Edward L. Montgomery  
Residence of father (if deceased so state): Tyler, Texas  
Birthplace of father (State or foreign country): Missouri  
9. Full maiden name of mother: Hazel Marie Lewis  
Residence of mother (if deceased so state): Tyler, Texas  
Birthplace of mother (State or foreign country): Missouri

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

Signed Chris L. Montgomery  
New Address P.O. Box 446

Subscribed and sworn to before me this 22 day of July, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

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

FEMALE APPLICANT

Name First Diana Middle R. Last Cochran  
Date of Birth Month 18 Day 18 Year 1956  
Place of Birth (State or foreign country) Miss.  
Residence Address P.O. Box 446 Boring, 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) driver license (picture)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Donald R. Cochran  
Residence of father (if deceased so state): Tyler, Texas  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Myrtle Bernatt  
Residence of mother (if deceased so state): Richwood, Texas  
Birthplace of mother (State or foreign country): Indiana

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

Signed Diana R. Cochran  
New Address P.O. Box 446

Subscribed and sworn to before me this 22 day of July, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued 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 \_\_\_\_\_ Circuit Court of Indiana dated the 22 day of July, 1982, authorizing the joining together as husband and wife of \_\_\_\_\_ and \_\_\_\_\_  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
1. \_\_\_\_\_ hereby \_\_\_\_\_ that on the 25 day of July \_\_\_\_\_  
one thousand nine hundred and eighty-two \_\_\_\_\_ at \_\_\_\_\_ County of \_\_\_\_\_  
State of Indiana \_\_\_\_\_ 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 25 day of July, 1982  
Signed \_\_\_\_\_  
Official Designation \_\_\_\_\_  
Signed \_\_\_\_\_  
Clerk

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



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

# Remarriage

## STATE OF INDIANA

### APPLICATION FOR MARRIAGE LICENSE

#### HENDRICKS County

No. 371  
File 7-23-82  
Date of Application

**MALE**  
Medical Examination Report Dated 7-19-82  
Name of Physician Nadley

**FEMALE**  
Medical Examination Report Dated 7-19-82  
Name of Physician Nadley

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

#### MALE APPLICANT

Name Michael Allen Gray  
Date of Birth April 10 1959  
Place of Birth (State or foreign country) Delaware  
Residence Address 1003 Valley View Dr Apt 4 Pkld Hend In  
Previous Marital 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

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Virgil Hue Gray  
Residence of father (if deceased so state) Burg  
Birthplace of father (State or foreign country) Ky  
9. Full maiden name of mother Jane Maxine Jones  
Residence of mother (if deceased so state) Burg  
Birthplace of mother (State or foreign country) Indpls

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

Signed Michael Allen Gray  
New Address 1003 Valley View Dr Apt 4

Subscribed and sworn to before me this 23 day of July, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

#### FEMALE APPLICANT

Name Sandra Marie Gray  
Date of Birth Sept 3 1961  
Place of Birth (State or foreign country) Greencastle  
Residence Address 1003 Valley View Dr Apt 4 Pkld Hend In  
Previous Marital Status: Never Married ☐ OR ☒  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Wilbur Leon Burnett  
Residence of father (if deceased so state) Clayton  
Birthplace of father (State or foreign country) Armo  
9. Full maiden name of mother Maribyn Rosetta Fincham  
Residence of mother (if deceased so state) Clayton  
Birthplace of mother (State or foreign country) Indiana

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

Signed Sandra Marie Gray  
New Address 1003 Valley View Dr Apt 4

Subscribed and sworn to before me this 23 day of July, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

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

#### RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 28th day of July, 1982, authorizing the joining together as husband and wife of Michael Allen Gray and Sandra Marie Gray.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Malcolm R. Neier, hereby certify that on the 28 day of July, 1982, at Costsville, County of Hendricks, State of Indiana, Groom Michael Allen Gray and, Bride Sandra Marie Gray of Hendricks County, State of Ind were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 28 day of July, 1982.

Signed Malcolm R. Neier

Official Designation Minister  
day of Aug, 1982

Signed Mary Jane Russell  
HENDRICKS Clerk  
Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 372  
File \_\_\_\_\_  
Date of Application 7-23-82

MALE  
Medical Examination Report Dated 7-10-82  
Name of Physician James Cortese

FEMALE  
Medical Examination Report Dated 7-10-82  
Name of Physician James Cortese

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

**MALE APPLICANT**

Name Michael A. Muir  
Date of Birth August 1, 1961  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address RR #1 Box 411 Clayton, Indiana  
Previous Marital Status: Never Married ☒ OR ☐  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

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

2. Are you afflicted with a transmissible disease? No ☒ Yes ☐

3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐

4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father \_\_\_\_\_  
Residence of father (if deceased so state) \_\_\_\_\_  
Birthplace of father (State or foreign country) \_\_\_\_\_

9. Full maiden name of mother Barbara Jean Muir  
Residence of mother (if deceased so state) Indianapolis, In  
Birthplace of mother (State or foreign country) Indiana

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

Signed Michael A. Muir  
New Address RR #1 Box 411 Clayton IN 46118

Subscribed and sworn to before me this 23 day of July, 1982  
Mary Jane Russell Clerk HENDRICKS Circuit Court

**FEMALE APPLICANT**

Name Angela J. Simpson  
Date of Birth Oct 20, 1962  
Place of Birth (State or foreign country) Indianapolis, In  
Residence Address RR #1 Box 411 Clayton, Indiana  
Previous Marital Status: Never Married ☒ OR ☐  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

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

2. Are you afflicted with a transmissible disease? No ☒ Yes ☐

3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐

4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Ralph J. Simpson  
Residence of father (if deceased so state) Indianapolis, In  
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Jeanne Meeks  
Residence of mother (if deceased so state) Clayton, In  
Birthplace of mother (State or foreign country) Ky

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

Signed Angela J. Simpson  
New Address RR #1 Box 411 Clayton Ind 46118

Subscribed and sworn to before me this 23 day of July, 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, HENDRICKS } ss: \_\_\_\_\_  
County of \_\_\_\_\_

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, HENDRICKS } ss: \_\_\_\_\_  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the 28th day of July, 1982, authorizing the joining together as husband and wife of Michael A. Muir and Angela J. Simpson.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit: \_\_\_\_\_  
I, Donald E. Richards hereby certify that on the 4 day of August, \_\_\_\_\_ County of Marion, State of Ind, at Indianapolis \_\_\_\_\_ County, State of Ind, one thousand nine hundred and 82 of Marion \_\_\_\_\_ County, State of Ind, State of Indiana, Groom Michael A. Muir and, Bride Angela J. Simpson 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 July, 1982. Signed Donald E. Richards  
Official Designation August, 1982 Clerk  
Signed Mary Jane Russell HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 373  
File  
Date of Application 7-23-82

MALE  
Medical Examination Report Dated 6-17-82  
Name of Physician d'Arvis

FEMALE  
Medical Examination Report Dated 7-19-82  
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 David E. Suggs  
Date of Birth Month 8 Day 31 Year 1955  
Place of Birth Dayton, Ohio  
Residence Address 1517 Hollywood Ave 3E Chicago Cook 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) Drivers License

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

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

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

Signed David E. Suggs  
New Address 1423 North Shore Chicago, IL 60626

Subscribed and sworn to before me this 23 day of July, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

## FEMALE APPLICANT

Name Julie Lea Morton  
Date of Birth Month 11 Day 14 Year 1962  
Place of Birth Beach Grove, Ind.  
Residence Address 21 Esther Ct. Plfd Hend Ind  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

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

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

Signed Julie Lea Morton  
New Address 1423 North Shore Chicago, IL 60626

Subscribed and sworn to before me this 23 day of July, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23 day of July, 1982, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Steven B. Huddleston, hereby certify that on the 31 day of July, 1982, at \_\_\_\_\_ County of \_\_\_\_\_ State of Indiana, Groom David E. Suggs and, Bride Julie Lea Morton were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 31 day of July, 1982.  
Signed Steven B. Huddleston  
Official Designation Registrar  
12 day of August, 1982  
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 374  
File July 26, 1982  
Date of Application

MALE  
Medical Examination Report Dated 7-21-82  
Name of Physician Beltz

FEMALE  
Medical Examination Report Dated 7-22-82  
Name of Physician Jackson

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

## MALE APPLICANT

Name Billy J. Spears  
Date of Birth July 28 1958  
Place of Birth (State or foreign country) Hendricks Co.  
Residence Address Oakmont Mobile Home Park Burg 4611  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License (picture)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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. Spears  
Residence of father (if deceased so state): Brownsville, In.  
Birthplace of father (State or foreign country): Virginia  
9. Full maiden name of mother: Geneva Lewson  
Residence of mother (if deceased so state): Brownsville, In.  
Birthplace of mother (State or foreign country): Virginia

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

Signed Billy J. Spears  
New Address Oakmont Mobile Home Park Lot 48  
Subscribed and sworn to before me this 26 day of July, 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, HENDRICKS } ss:  
County of

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

## FEMALE APPLICANT

Name Patricia J. Rawlings  
Date of Birth April 3 1957  
Place of Birth (State or foreign country) Indiana  
Residence Address 418 S. Grant Brownsville Hendricks IN  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License w/picture

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Sammie Minton  
Residence of father (if deceased so state): Brownsville, IN  
Birthplace of father (State or foreign country): Kentucky  
9. Full maiden name of mother: Lizzie Gregory  
Residence of mother (if deceased so state): Brownsville, IN  
Birthplace of mother (State or foreign country): Kentucky

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

Signed Patricia Rawlings  
New Address 418 S. Grant St  
Subscribed and sworn to before me this 26 day of July, 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, HENDRICKS } ss:  
County of

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 30 day of July, 1982, authorizing the joining together as husband and wife of Billy J. Spears and Patricia J. Rawlings.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Sherron Essex, hereby certify that on the 30 day of July, 1982, at Danville, County of Hendricks, State of Indiana, Groom Billy J. Spears and, Bride Patricia J. Rawlings, 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 July, 1982.  
Signed Sherron Essex  
Official Designation Minister, 1982  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 375  
File 7-26-82  
Date of Application

MALE  
Medical Examination Report Dated 7-22-82  
Name of Physician Neely

FEMALE  
Medical Examination Report Dated 7-22-82  
Name of Physician Keelen

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

## MALE APPLICANT

Name First Middle Last  
Bruce A. Stults  
Date of Birth Month Day Year  
7 30 49  
Place of Birth (State or foreign country)  
Indiana  
Residence Address Street or R. R. City County State  
7154 Wharfside Lakes Indianapolis Marion IN  
Previous Marital Status: Never Married ☐ OR ☒  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License w/picture

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father James W. Smith  
Residence of father (if deceased so state) Deceased  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Evelyn D. Osborn  
Residence of mother (if deceased so state) Florida  
Birthplace of mother (State or foreign country) Indiana

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

Signed [Signature]  
New Address 7154 #26 Wharfside Lane

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

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name First Middle Last  
Sharon G. Morrissey  
Date of Birth Month Day Year  
11 20 59  
Place of Birth (State or foreign country)  
New York  
Residence Address Street or R. R. City County State  
304 Canton Danville Hendricks IN  
Previous Marital Status: Never Married ☐ OR ☒  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License w/picture

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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. Morrissey  
Residence of father (if deceased so state) Danville, IN  
Birthplace of father (State or foreign country) Pennsylvania  
9. Full maiden name of mother Marilyn W. L. Poage  
Residence of mother (if deceased so state) Danville, IN  
Birthplace of mother (State or foreign country) Iowa

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

Signed [Signature]  
New Address 7154 Wharfside Lane

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

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 30 day of July, 1982, authorizing the joining together as husband and wife of Bruce Stults and Sharon Morrissey. Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Stanley A. Johnson, hereby certify that on the 30 day of July, 1982, at Danville, County of Hendricks, State of Indiana, Groom Bruce A. Stults, of Marion County, State of Indiana, and, Bride Sharon Morrissey, 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 July, 1982.

Signed Stanley A. Johnson

Official Designation Minister day of August, 1982

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 376  
File

495

MALE  
Medical Examination Report Dated 7-21-82  
Name of Physician Robert A. Thurn

FEMALE  
Medical Examination Report Dated 7-22-82  
Name of Physician Robert A. Thurn

Date of Application

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

MALE APPLICANT

Name First Middle Last  
Date of Birth Month Day Year  
Place of Birth (State or foreign country)  
Residence Address Street or R. R. City County State  
Previous Marital Status Never Married ☐ OR  
Last Marriage Ended By Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Carter Glover  
Residence of father (if deceased so state): Martinsville, IN  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Doris Mary Bailey  
Residence of mother (if deceased so state): Martinsville, IN  
Birthplace of mother (State or foreign country): Indiana

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

Signed: Ronald L. Glover  
New Address: 436 Sierra Circle New Whiteland, IN 46184

Subscribed and sworn to before me this 26 day of July, 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, Hendricks } ss:  
County of

Signed: Father  
Signed: Mother

Subscribed and sworn to before me this day of 1982  
Clerk

FEMALE APPLICANT

Name First Middle Last  
Date of Birth Month Day Year  
Place of Birth (State or foreign country)  
Residence Address Street or R. R. City County State  
Previous Marital Status Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Merrill Allen  
Residence of father (if deceased so state): Coatsville, IN  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Rita Elaine Wallace  
Residence of mother (if deceased so state): Coatsville, IN  
Birthplace of mother (State or foreign country): Indiana

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

Signed: Cheryl A. Allen  
New Address: 436 Sierra Circle New Whiteland, IN 46184

Subscribed and sworn to before me this 26 day of July, 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, Hendricks } ss:  
County of

Signed: Father  
Signed: Mother

Subscribed and sworn to before me this day of 1982  
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 in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Hendricks Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the County of Hendricks, Indiana, dated the 30 day of July, 1982, authorizing the joining together as husband and wife of Ronald L. Glover and Cheryl A. Allen.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Frank Bunn, hereby certify that on the 14 day of August, 1982, at Coatsville, Indiana, County of Hendricks, State of Indiana, Groom: Ronald L. Glover and, Bride: Cheryl A. Allen 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 July, 1982.

Signed: Frank Bunn  
Official Designation: Minister  
Signed: Mary Jane Russell  
Clerk Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of August, 1982



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

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
**HENDRICKS** County

No. 377  
File \_\_\_\_\_  
Date of Application 7-26-82

**MALE**  
Medical Examination Report Dated 7-22-82  
Name of Physician Hadley

**FEMALE**  
Medical Examination Report Dated 7-22-82  
Name of Physician Hadley

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

**MALE APPLICANT**

Name Donald First D. Middle Hawkins Last  
Date of Birth 17 Month 2 Year 1935  
Place of Birth (State or foreign country) Indpls Ind.  
Residence Address 1005 Raymond Blvd Street or R. R. Blvd County Hend State Ind.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Marion Hawkins  
Residence of father (if deceased so state) Deceased  
Birthplace of father (State or foreign country) Lebanon Ind.  
9. Full maiden name of mother Emma Shockley  
Residence of mother (if deceased so state) Indpls Ind.  
Birthplace of mother (State or foreign country) Indiana

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

Signed Donald D. Hawkins  
New Address 1005 Raymond Blvd  
Subscribed and sworn to before me this 26 day of July, 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, **HENDRICKS** } ss:  
County of \_\_\_\_\_

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

**FEMALE APPLICANT**

Name Emma First E. Middle Ridener Last  
Date of Birth 21 Month 2 Year 1933  
Place of Birth (State or foreign country) Maffersdorf 4 Neubegborn Germany  
Residence Address 1005 Raymond Blvd Street or R. R. Blvd County Hend State Ind.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Keatzer  
Residence of father (if deceased so state) Deceased  
Birthplace of father (State or foreign country) Maffersdorf Neubegborn Germany  
9. Full maiden name of mother Niedegard geb Banisch  
Residence of mother (if deceased so state) Deceased  
Birthplace of mother (State or foreign country) Irantenau - Prability German

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

Signed Emma C. Ridener  
New Address 1005 Raymond Blvd  
Subscribed and sworn to before me this 26 day of July, 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, **HENDRICKS** } ss:  
County of \_\_\_\_\_

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the **HENDRICKS** Circuit Court of Indiana dated the 27 day of July, 1982, authorizing the joining together as husband and wife of Donald D. Hawkins and Emma C. Ridener.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Steven H. Frank, hereby certify that on the 1st day of August, 1982, at Indianapolis, County of Marion, State of Indiana, Groom Donald D. Hawkins and, Bride Emma C. Ridener 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 1st day of August, 1982.

Signed Steven H. Frank  
Official Designation Judge  
day of August, 1982  
Signed Mary Jane Russell Clerk **HENDRICKS** Circuit Court

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



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

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
**HENDRICKS** County

No. 378  
File July 27, 1982  
Date of Application

**MALE**  
Medical Examination Report Dated 7-19-82  
Name of Physician Kerlen

**FEMALE**  
Medical Examination Report Dated 7-19-82  
Name of Physician Kerlen

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

**MALE APPLICANT**

Name Clifford P. Rohl  
Date of Birth August 18 1962  
Place of Birth (State or foreign country) Indiana  
Residence Address RR 1 Box 376 Danville City Hendricks State IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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 E. Rohl

Residence of father (if deceased so state) Jamestown, IN

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Dolores N. J. Ridener

Residence of mother (if deceased so state) Jamestown, IN

Birthplace of mother (State or foreign country) Indiana

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

County of \_\_\_\_\_

Signed Clifford P. Rohl

New Address RR 1 Box 376 Danville

Subscribed and sworn to before me this 27 day of July, 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, HENDRICKS } ss:

County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_ Clerk

**FEMALE APPLICANT**

Name Barbara C. Anderson  
Date of Birth March 8 1959  
Place of Birth (State or foreign country) Indiana  
Residence Address 1428 Argyle Pl. Fairfield City Hendricks State IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) Driver's License w/picture
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
  - If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☐ Yes ☐
  - Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
  - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Oswell Lee Anderson

Residence of father (if deceased so state) Indianapolis, IN

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Daisalee Hamilton

Residence of mother (if deceased so state) Indianapolis, IN

Birthplace of mother (State or foreign country) Indiana

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

County of \_\_\_\_\_

Signed Barbara C. Anderson

New Address RR 1 Box 376 Danville

Subscribed and sworn to before me this 27 day of July, 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, HENDRICKS } ss:

County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_ Clerk

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS County, Indiana, dated the 7 day of August, 1982, authorizing the joining together as husband and wife of Clifford P. Rohl and Barbara C. Anderson.

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

I, Tyler H. Smith, hereby certify that on the 7 day of August, 1982, at Fairfield, County of Hendricks, State of Indiana, Groom Clifford P. Rohl of Hendricks County, State of Indiana, and, Bride Barbara C. Anderson 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 7 day of August, 1982.

Signed Tyler H. Smith Official Designation Priest, 1982.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 379  
File  
Date of Application July 22, 1982

MALE  
Medical Examination Report Dated 7-21-82  
Name of Physician David Haggard

FEMALE  
Medical Examination Report Dated 7-21-82  
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 Jeffrey Middle Cornelius Last  
Date of Birth Month Dec Day 21 Year 1963  
Place of Birth (State or foreign country) In.  
Residence Address Street or R. R. Box 228 City Clayton County In.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Thomas B. Cornelius  
Residence of father (if deceased so state) Bellville, In.  
Birthplace of father (State or foreign country) Ala.  
9. Full maiden name of mother Clara Dean Harris  
Residence of mother (if deceased so state) Bellville, In.  
Birthplace of mother (State or foreign country) Ala.

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

Signed Jeffrey Cornelius  
New Address Box 228 Stilesville

Subscribed and sworn to before me this 27 day of July, 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, Hendricks } ss:  
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19 Clerk

## FEMALE APPLICANT

Name First Shawnda Middle Lyn Last Ridemour  
Date of Birth Month Sept Day 18 Year 1964  
Place of Birth (State or foreign country) In.  
Residence Address Street or R. R. 9825 W. Washington St. City In.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 E. Ridemour  
Residence of father (if deceased so state) Indpls, In.  
Birthplace of father (State or foreign country) In.  
9. Full maiden name of mother Cheryl Kay Oberchtein  
Residence of mother (if deceased so state) Stilesville, In.  
Birthplace of mother (State or foreign country) In.

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

Signed Shawnda L. Ridemour  
New Address Box 183 Stilesville

Subscribed and sworn to before me this 27 day of July, 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, Hendricks } ss:  
County of

Signed David E. Ridemour Father

Signed Mother

Subscribed and sworn to before me this 27 day of July, 1982  
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 31 day of July, 1982, authorizing the joining together as husband and wife of Jeffrey Cornelius and Shawnda Lyn Ridemour.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, David L. McColey hereby certify that on the 1 day of August, 1982, at Stilesville, Hendricks County, State of Indiana, Groom Jeffrey Cornelius and, Bride Shawnda Lyn Ridemour 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 1 day of August, 1982.

Signed David L. McColey  
Official Designation

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of August, 1982.  
Signed Mary Jane Russell Clerk Hendricks Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

499

No. 380  
File  
Date of Application July 27 1982

MALE  
Medical Examination Report Dated 7-22-82  
Name of Physician Glenn Baker

FEMALE  
Medical Examination Report Dated 7-22-82  
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 Tony Middle Lynn Last Gonterman  
Date of Birth Month June Day 13 Year 1958  
Place of Birth (State or foreign country) Ind.  
Residence Address Street or R. R. 9880 W. 10th Lot 29 City Jasper 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) Dr. License

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Eric Gonterman  
Residence of father (if deceased so state) Whiteland, Ind.  
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Faye Aldridge  
Residence of mother (if deceased so state) Franklin, Ind.  
Birthplace of mother (State or foreign country) Tenn.

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

Signed Tony L. Gonterman  
New Address 9880 W. 10th Lot 29

Subscribed and sworn to before me this 27 day of July, 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, Hendricks } ss:  
County of

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

FEMALE APPLICANT

Name First Tina Middle Rhea Last Wellman  
Date of Birth Month July Day 16 Year 1963  
Place of Birth (State or foreign country) Ind.  
Residence Address Street or R. R. 996 Cedar St. City Plainfield 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)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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. Wellman  
Residence of father (if deceased so state) Plainfield, Ind.  
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Carrie Williamson  
Residence of mother (if deceased so state) Plainfield, Ind.  
Birthplace of mother (State or foreign country) Tenn.

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

Signed Tina R. Wellman  
New Address 9880 W. 10th Lot 29

Subscribed and sworn to before me this 27 day of July, 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, Hendricks } ss:  
County of

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 July, 1982, authorizing the joining together as husband and wife of Tony Lynn Gonterman and Tina Rhea Wellman.

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

I, Kenneth E. Vetter, hereby certify that on the 31 day of July, 1982, at \_\_\_\_\_, County of Hendricks, State of Indiana, Groom Tony Lynn Gonterman of \_\_\_\_\_, County, State of \_\_\_\_\_, and, Bride Tina Rhea Wellman 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 31 day of July, 1982. Signed Kenneth E. Vetter, Pastor

Official Designation \_\_\_\_\_, 1982. Signed Mary Jane Russell, Clerk

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1982. Signed Mary Jane Russell, Clerk



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 381  
File \_\_\_\_\_  
Date of Application 7-27-82

MALE  
Medical Examination Report Dated 7-22-82  
Name of Physician Hadley

FEMALE  
Medical Examination Report Dated 7-22-82  
Name of Physician Hadley

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

MALE APPLICANT  
Name First Middle Last  
Leland M. Stevenson  
Date of Birth Month Day Year  
8 16 1932  
Place of Birth (State or foreign country) Clay Co. Ind.  
Residence Address Street or R. R. City County State  
2215 Helon Indpls Marion Ind  
Previous Marital 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.  
Deew William Stevenson

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Maurice ~~Sidney~~ Stevenson  
Residence of father (if deceased so state) Deceased  
Birthplace of father (State or foreign country) Clay Co. Ind.  
9. Full maiden name of mother Hulda Lucille Lowdermilk  
Residence of mother (if deceased so state) Centertown Ind.  
Birthplace of mother (State or foreign country) Clay Co. Ind.

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

Signed Leland Stevenson  
New Address 1401 Miami Ct. So. Plainfield  
Subscribed and sworn to before me this 27 day of July, 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, Hendricks } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

FEMALE APPLICANT  
Name First Middle Last  
Dorothy G. Stevenson  
Date of Birth Month Day Year  
7 11 1932  
Place of Birth (State or foreign country) Knox Co. Ind.  
Residence Address Street or R. R. City County State  
1401 Miami Ct. S. Plfld. Hend Ind.  
Previous Marital 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.  
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 Audron Dennis Ledgerwood  
Residence of father (if deceased so state) Deceased  
Birthplace of father (State or foreign country) Martin Co. Ind.  
9. Full maiden name of mother Rethia Irene Quackembush  
Residence of mother (if deceased so state) Clay City Ind.  
Birthplace of mother (State or foreign country) Daviess Co. Ind.

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

Signed Dorothy G. Stevenson  
New Address 1401 Miami Ct. So. Plainfield  
Subscribed and sworn to before me this 27 day of July, 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, Hendricks } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the 27 day of July, 1982, authorizing the joining together as husband and wife of Leland M. Stevenson and Dorothy G. Stevenson.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Johnie Edwards, hereby certify that on the 3 day of August, 1982, at Plainfield, County of Hendricks, State of Indiana, Groom Leland M. Stevenson and, Bride Dorothy G. Stevenson, of Hendricks County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 27 day of July, 1982.

Signed Johnie Edwards  
Official Designation Registrar  
Signed Mary Jane Russell  
HENDRICKS Clerk  
Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of August, 1982.



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

501

No. 382

File

7-28-82  
Date of Application

MALE

Medical Examination Report Dated 7-13-82

Name of Physician David B. Haggard

FEMALE

Medical Examination Report Dated 7-13-82

Name of Physician David B. Haggard

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

MALE APPLICANT

Name First David P. Middle Bryant Last  
Date of Birth Month 5 Day 12 Year 1962  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address Street or R. R. 1016 Gary Dr. City Plainfield County Ind. State  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 David Bryant  
Residence of father (if deceased so state) Plainfield, Ind.  
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Jacqueline K. Scherck  
Residence of mother (if deceased so state) Plainfield, Ind.  
Birthplace of mother (State or foreign country) Indiana

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

Signed David P. Bryant

New Address 120 Williams Dr. #6 Brownsburg

Subscribed and sworn to before me this 28 day of July, 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, Hendricks } ss:  
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First Diane Middle Keith Last  
Date of Birth Month 2 Day 24 Year 1964  
Place of Birth (State or foreign country) Danville, Illinois  
Residence Address Street or R. R. 35 Stonybrook, Brownsburg, Ind. City County State  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father David Lee Keith  
Residence of father (if deceased so state) Brownsburg, Ind.  
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Lucretia Dora Yockey  
Residence of mother (if deceased so state) Brownsburg, Ind.  
Birthplace of mother (State or foreign country) Kentucky

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

Signed Diane Keith

New Address 10 Williams Dr. #6 Brownsburg

Subscribed and sworn to before me this 28 day of July, 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, Hendricks } ss:  
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 28 day of July, 1982, authorizing the joining together as husband and wife of David P. Bryant and Diane L. Keith.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Gary C. Black, hereby certify that on the 1 day of August, 1982, at Indianapolis, County of Marion, State of Indiana, Groom David P. Bryant, of Hendricks County, State of Indiana, and, Bride Diane L. Keith, 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 1 day of August, 1982.

Signed Gary C. Black

Official Designation 3 day of August, 1982

Signed Mary Jane Russell Clerk Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of August, 1982



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

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
**HENDRICKS** County

No. 383  
File \_\_\_\_\_  
Date of Application 7-28-82

**MALE**  
Medical Examination Report Dated 7-16-82  
Name of Physician Edwards

**FEMALE**  
Medical Examination Report Dated 7-19-82  
Name of Physician Isamell

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

**MALE APPLICANT**

Name Keith A. Donner  
Date of Birth 6 Month 12 Day 1961 Year  
Place of Birth (State or foreign country) Indpls Ind.  
Residence Address 4706 D Craven Ct. City Indpls County Marion State Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Maynard Wayne Donner  
Residence of father (if deceased so state) Largo, Fla.  
Birthplace of father (State or foreign country) Indpls Ind.  
9. Full maiden name of mother Verna Mae McDaniels  
Residence of mother (if deceased so state) Largo, Fla.  
Birthplace of mother (State or foreign country) Indpls Ind.

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

Signed Keith A. Donner  
New Address 4706 D Craven Ct. Indpls

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

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Catherine A. Mobley  
Date of Birth 12 Month 21 Day 1963 Year  
Place of Birth (State or foreign country) Indpls Ind.  
Residence Address 4433 Hallmark 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) \_\_\_\_\_

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

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

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

Signed Catherine A. Mobley  
New Address 4506 D Craven Ct.

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

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the 3rd day of August, 1982, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Paul W. Ragudale hereby certify that on the 7 day of August, 1982, at Center Friends Church, County of Hendricks, State of Indiana, Groom Keith A. Donner and, Bride Catherine A. Mobley of Hendricks County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 7 day of August, 1982.  
Signed Paul W. Ragudale  
Official Designation Minister  
day of August, 1982.  
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1982.



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 384  
File  
Date of Application July 28, 1982

MALE  
Medical Examination Report Dated 7-27-82  
Name of Physician Stegmoller

FEMALE  
Medical Examination Report Dated 7-27-82  
Name of Physician Stegmoller

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

MALE APPLICANT  
Name Leonard Austin Morphew  
Date of Birth July 17 1925  
Place of Birth (State or foreign country) North Salem  
Residence Address R.R. 1 Box 409 Lot 1 Clayton Ind In  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☒ Other (Specify) drivers lic

- Are you now or have you ever been adjudged to be of unsound mind?  
If answer is "yes", has the adjudication been removed?
- Are you afflicted with a transmissible disease?
- Are you related to the female applicant closer than second cousin?
- Are you now under the influence of intoxicating liquor?
- Are you now under the influence of a narcotic drug?
- 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 proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Herbert Austin Morphew  
Residence of father (if deceased so state) deceased  
Birthplace of father (State or foreign country) Roachdale  
9. Full maiden name of mother Linda Laura Lucille Sullivan  
Residence of mother (if deceased so state) deceased  
Birthplace of mother (State or foreign country) Graves, Ky  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Leonard A. Morphew  
New Address R.R. 1 Box 409 Lot 1, Clayton, Ind.  
Subscribed and sworn to before me this 28 day of July 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, HENDRICKS } ss:  
County of

Signed Father  
Signed Mother

Subscribed and sworn to before me this day of 1982  
Clerk

FEMALE APPLICANT  
Name Delores Marie Ashbrook  
Date of Birth Nov 19 1945  
Place of Birth (State or foreign country) Indpls  
Residence Address R.R. 1 Box 409 Lot 1 Clayton Ind In  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☒ Other (Specify) drivers lic

- Are you now or have you ever been adjudged to be of unsound mind?  
If answer is "yes", has the adjudication been removed?
- Are you afflicted with a transmissible disease?
- Are you related to the male applicant closer than second cousin?
- Are you now under the influence of intoxicating liquor?
- Are you now under the influence of a narcotic drug?
- 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 proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Cecil Archer  
Residence of father (if deceased so state) Cartersburg  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Florence May Lisby  
Residence of mother (if deceased so state) Refld.  
Birthplace of mother (State or foreign country) Clayton, In  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Delores M. Ashbrook  
New Address R.R. 1 Box 409 Lot 1, Clayton, Ind.  
Subscribed and sworn to before me this 28 day of July 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, HENDRICKS } ss:  
County of

Signed Father  
Signed Mother

Subscribed and sworn to before me this day of 1982  
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 in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 28 day of July 1982, authorizing the joining together as husband and wife of Leonard A. Morphew and Delores M. Ashbrook.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Frank E. Knight, hereby certify that on the 3rd day of July 1982, at Clay City, County of Hendricks, State of Indiana, Groom Leonard A. Morphew of Hendricks County, State of Indiana, and Bride Delores M. Ashbrook 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 July 1982.  
Signed Frank E. Knight  
Official Designation Judge  
day of August 1982  
Signed Mary Jane Russell  
HENDRICKS Clerk  
Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 385  
File  
Date of Application July 29, 1982

MALE  
Medical Examination Report Dated 7-23-82  
Name of Physician Joseph Berlin

FEMALE  
Medical Examination Report Dated 7-23-82  
Name of Physician Joseph Berlin

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

## MALE APPLICANT

Name Timothy Joseph Wheeler  
Date of Birth Feb. 24 1963  
Place of Birth (State or foreign country) Ind.  
Residence Address 4732 W. Morris Adams Ind. Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

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

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

Signed Timothy Joseph Wheeler  
New Address 6031 Westlake S. Dr. Apt. #4

Subscribed and sworn to before me this 29 day of July, 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, Hendricks } ss:  
County of Hendricks

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name Lisa Carol Stegemoller  
Date of Birth Sept. 30 1962  
Place of Birth (State or foreign country) Ind.  
Residence Address 147 S. Rd. 300 E Danville Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

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

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

Signed Lisa Carol Stegemoller  
New Address 6031 Westlake S. Dr. Apt. #4

Subscribed and sworn to before me this 29 day of July, 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, Hendricks } ss:  
County of Hendricks

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 6th day of Aug., 1982, authorizing the joining together as husband and wife of Timothy Joseph Wheeler and Lisa Carol Stegemoller.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Marvin Wittkopf, hereby certify that on the 7 day of August, 1982, at Indianapolis, County of Marion, State of Indiana, Groom Timothy Joseph Wheeler of Hendricks County, State of Ind. and, Bride Lisa Carol Stegemoller of Hendricks County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 7 day of August, 1982.

Signed Marvin Wittkopf  
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of August, 1982  
Signed Mary Jane Russell Clerk Hendricks Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 386  
File  
7-27-82  
Date of Application

MALE  
Medical Examination Report Dated 7-22-82  
Name of Physician M. O. Deanehary, M.D.

FEMALE  
Medical Examination Report Dated 7-22-82  
Name of Physician M. O. Deanehary, 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 Middle Last  
Brian Lane Horn  
Date of Birth Month Day Year  
9 27 1957  
Place of Birth (State or foreign country)  
Bedford, Indiana  
Residence Address Street or R. R. City County State  
1212 Rushmore Blvd. E. Brownsburg, Ind.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) Driver's 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 Willis Dean Horn  
Residence of father (if deceased so state) Brownsburg, Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Rhella Ann Smith  
Residence of mother (if deceased so state) Brownsburg, Ind.  
Birthplace of mother (State or foreign country) Indiana

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

Signed Brian L. Horn  
New Address 1212 Rushmore Blvd. E  
Subscribed and sworn to before me this 29th day of July, 1982  
Mary Jane Kussner Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:  
County of

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

FEMALE APPLICANT

Name First Middle Last  
Marsi Ann Jasuch  
Date of Birth Month Day Year  
5 27 1961  
Place of Birth (State or foreign country)  
Indpls. Indiana  
Residence Address Street or R. R. City County State  
8875 N. St. Rd. 247, Brownsburg, Ind.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) Driver's 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 Marco Jasuch  
Residence of father (if deceased so state) Brownsburg, Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Mary Ann Dummel  
Residence of mother (if deceased so state) Brownsburg, Ind.  
Birthplace of mother (State or foreign country) Indiana

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

Signed Marsi Ann Jasuch  
New Address 1212 Rushmore Blvd East  
Subscribed and sworn to before me this 29th day of July, 1982  
Mary Jane Kussner Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:  
County of

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court  
of Indiana dated the 3rd day of July, 1982, authorizing the joining together as husband and wife  
of Brian Lane Horn and Marsi Ann Jasuch  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Jerry R. Wood hereby certify that on the 7 day of August,  
one thousand nine hundred and 82 at Brownsburg County of Hendricks  
State of Indiana, Groom Brian Lane Horn of Mason County, State of Ind  
and, Bride Marsi Ann Jasuch 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 7 day of August, 1982

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_

Signed Jerry R. Wood  
Official Designation August Clerk  
day of August  
Signed Mary Jane Kussner HENDRICKS Circuit Court



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

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
**HENDRICKS** County

No. 387  
File July 26, 1982  
Date of Application

**MALE**  
Medical Examination Report Dated July 26, 1982  
Name of Physician Walker

**FEMALE**  
Medical Examination Report Dated July 26, 1982  
Name of Physician 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 David Wayne Jones  
Date of Birth September 7, 1958  
Place of Birth (State or foreign country) Illinois  
Residence Address 605A Robin Run Indianapolis Marion IN  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License up picture

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Wayne Allen Jones  
Residence of father (if deceased so state) Indianapolis, IN  
Birthplace of father (State or foreign country) Terre Haute, IN  
9. Full maiden name of mother Wanda Kay Paulen  
Residence of mother (if deceased so state) Indianapolis, IN  
Birthplace of mother (State or foreign country) High Massy, TN

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

Signed David W Jones  
New Address 6125 A Robin Run INDIANAPOLIS IN 46254

Subscribed and sworn to before me this 30 day of July, 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, **HENDRICKS** } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

**FEMALE APPLICANT**

Name Laura Marie Dorsey  
Date of Birth September 10, 1959  
Place of Birth (State or foreign country) Illinois  
Residence Address 5722 Wilkins Dr Indianapolis Marion IN  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License & picture

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Benjamin Miller  
Residence of father (if deceased so state) 214 Bowling Green, Ky  
Birthplace of father (State or foreign country) Maulden, Missouri  
9. Full maiden name of mother Laura Marie Thompson  
Residence of mother (if deceased so state) Indianapolis, IN  
Birthplace of mother (State or foreign country) Louisville, Ky

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

Signed Laura M Dorsey  
New Address 6125 A Robin Run Indianapolis IN 46254

Subscribed and sworn to before me this 30 day of July, 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, **HENDRICKS** } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the **HENDRICKS** Circuit Court of Indiana dated the 3rd day of August, 1982 authorizing the joining together as husband and wife

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

I, James D. Clayton, hereby certify that on the 14 day of August, one thousand nine hundred and 82, at Brownsburg, County of Hendricks, State of Indiana, Groom David Wayne Jones and, Bride Laura Marie Dorsey 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 14 day of August, 1982.

Signed James D. Clayton

Official Designation Pastor

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

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of August, 1982.



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 388  
File  
Date of Application 7-30-82

MALE  
Medical Examination Report Dated 7-22-82  
Name of Physician Edwards

FEMALE  
Medical Examination Report Dated 7-22-82  
Name of Physician 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 Charles William Johnson, Jr.  
Date of Birth 9 Month 24 Day 1962 Year  
Place of Birth (State or foreign country) Kentucky  
Residence Address 105 S. Mill Street, R. R. 1, City, 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) \_\_\_\_\_
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Charles William Johnson  
Residence of father (if deceased so state) Louisville Ky.  
Birthplace of father (State or foreign country) Kentucky  
9. Full maiden name of mother Janice Marie Stipple  
Residence of mother (if deceased so state) Louisville Ky.  
Birthplace of mother (State or foreign country) Indiana

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

Signed Charles W. Johnson  
New Address R.R. 1, Sugar Ridge  
Subscribed and sworn to before me this 30 day of July 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, Hendricks } ss:  
County of Hendricks

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

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

FEMALE APPLICANT

Name Brinda Dyanne Brower  
Date of Birth 2 Month 10 Day 1965 Year  
Place of Birth (State or foreign country) California  
Residence Address 105 S. Mill Street, R. R. 1, City, 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) \_\_\_\_\_
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - List the full names of any dependent children.

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

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

Signed Brinda Brower  
New Address  
Subscribed and sworn to before me this 30 day of July 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, Hendricks } ss:  
County of Hendricks

Signed \_\_\_\_\_ Father  
Signed Patricia Dugley \_\_\_\_\_ Mother

Subscribed and sworn to before me this 30 day of July 1982  
Mary Jane Russell Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 4th day of August, 1982, authorizing the joining together as husband and wife of Charles William Johnson, Jr. and Brinda Dyanne Brower.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Donald R. Brault, hereby certify that on the 7 day of August, 1982, at Plainfield, Hendricks County, State of Ind., one thousand nine hundred and 82, Charles William Johnson, Jr. of Hendricks County, State of Ind. and, Brinda Dyanne Brower 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 4 day of August, 1982.  
Signed Donald R. Brault  
Official Designation \_\_\_\_\_, 1982.  
Signed Mary Jane Russell Clerk Hendricks Circuit Court

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



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

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
**HENDRICKS** County

No. 389File July 30, 1982  
Date of Application

**MALE**  
Medical Examination Report Dated 7-19-82  
Name of Physician Robert Messinger M.D.

**FEMALE**  
Medical Examination Report Dated 7-20-82  
Name of Physician Robert Messinger 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 Charles W. Criswell  
Date of Birth May 24, 1946  
Place of Birth (State or foreign country) Indiana  
Residence Address 339 1/2 N. Green St. Brownsburg, Ind.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) divorce license

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Clarence Criswell  
Residence of father (if deceased so state) deceased  
Birthplace of father (State or foreign country) Kentucky  
9. Full maiden name of mother Bulah B. Brown Burdette  
Residence of mother (if deceased so state) Madison, Ind.  
Birthplace of mother (State or foreign country) Indiana

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

Signed Charles W. Criswell

New Address 339 1/2 N. Green St. Brownsburg, Ind.

Subscribed and sworn to before me this 30 day of July, 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, **HENDRICKS** } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Dianna Jo Cornwell  
Date of Birth April 16, 1958  
Place of Birth (State or foreign country) Indiana  
Residence Address 339 1/2 N. Green St. Brownsburg, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) divorce license (picture)

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

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

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

Signed Dianna J. Cornwell

New Address 339 1/2 N. Green St. Brownsburg, Ind.

Subscribed and sworn to before me this 30 day of July, 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, **HENDRICKS** } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the **HENDRICKS** Circuit Court of Indiana dated the \_\_\_\_\_ day of August, 1982, authorizing the joining together as husband and wife

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

hereby certify that on the 21 day of August, 1982, at Paul Cornwell Res, County of Hendricks, State of Ind.  
one thousand nine hundred and 82, of Hendricks County, State of Ind.  
State of Indiana, Groom Charles W. Criswell  
and, Bride Dianna Jo Cornwell  
were by me united 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 August, 1982.

Signed Steve Powell

Official Designation Minister  
24 day of August, 1982

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

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 390

File

MALE  
Medical Examination Report Dated 7-16-82  
Name of Physician M.O. Scamakon

FEMALE  
Medical Examination Report Dated 7-17-82  
Name of Physician M.O. Scamakon

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

MALE APPLICANT

Name First Middle Last  
Date of Birth Month Day Year  
Place of Birth (State or foreign country)  
Residence Address Street or R. R. City County State  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Milton S. Chilowski  
Residence of father (if deceased so state) Brownsburg, Ind.  
Birthplace of father (State or foreign country) Wisconsin  
9. Full maiden name of mother Joseph S. Moncig  
Residence of mother (if deceased so state) Brownsburg, Ind.  
Birthplace of mother (State or foreign country) Indiana

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

Signed [Signature]  
New Address 3390 Rayway Rd. Box 2 Indpls

Subscribed and sworn to before me this 30 day of July, 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, Hendricks } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

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

FEMALE APPLICANT

Name First Middle Last  
Date of Birth Month Day Year  
Place of Birth (State or foreign country)  
Residence Address Street or R. R. City County State  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father John N. Ellis  
Residence of father (if deceased so state) Danville, Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Shirley Wetlington  
Residence of mother (if deceased so state) Danville, Ind.  
Birthplace of mother (State or foreign country) Indiana

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

Signed [Signature]  
New Address 3390 Rayway Rd. Box 2 Indpls

Subscribed and sworn to before me this 30 day of July, 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, Hendricks } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 August, 1982, authorizing the joining together as husband and wife of Mark Stuart Chilowski and Vicki Lynn Ellis.  
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 August, 1982, at Brownsburg, Hendricks County, State of Indiana, Groom Mark Stuart Chilowski of Hendricks County, State of Indiana, and, Bride Vicki Lynn 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 Hendricks County.  
Dated this 7 day of August, 1982.  
Signed Joseph D. Wilson  
Official Designation Minister, 1982  
Signed Mary Jane Russell Clerk Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 391  
File 8-2-82  
Date of Application

MALE  
Medical Examination Report Dated 7-31-82  
Name of Physician Irwin

FEMALE  
Medical Examination Report Dated 7-30-82  
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 Ronald Middle L. Last Fellin  
Date of Birth Month 8 Day 16 Year 1953  
Place of Birth (State or foreign country) Lebanon Ind.  
Residence Address Street or R. R. P.O. Box 422 City North Salem County DeKalb State Ind.  
Previous Marital Status: Never Married ☐ OR ☒  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
Other (Specify) Drivers license w/picture

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father John Howard Henry  
Residence of father (if deceased so state) Georgetown Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Patricia Ann Klein  
Residence of mother (if deceased so state) Roachdale Ind.  
Birthplace of mother (State or foreign country) Lebanon Ind.

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

Signed Ronald L. Fellin  
New Address Indianapolis

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

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name First Stacy Middle C. Last Smith  
Date of Birth Month 3 Day 13 Year 1959  
Place of Birth (State or foreign country) Lawrence Ill.  
Residence Address Street or R. R. 188 E. Tulip St. City Indianapolis County Marion State Ind.  
Previous Marital Status: Never Married ☒ OR ☐  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
Other (Specify) Drivers license w/picture

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Paul Irwin Smith  
Residence of father (if deceased so state) Indianapolis  
Birthplace of father (State or foreign country) Covington Ind.  
9. Full maiden name of mother Marilyn Lois Johnson  
Residence of mother (if deceased so state) Indianapolis  
Birthplace of mother (State or foreign country) Georgetown Ill.

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

Signed Stacy C. Smith  
New Address Indianapolis

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

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
Clerk

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 18th day of Aug, 1982, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
1, Gary L. Linton and Stacy C. Smith

one thousand nine hundred and 82 hereby certify that on the 22 day of Aug,  
State of Indiana, Groom Ronald L. Fellin at Janestown County of Boone

and, Bride Stacy C. Smith of Hendricks County, State of Ind.

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

Dated this 22 day of August, 1982

Signed Gary L. Linton

Official Designation Minister

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of August, 1982



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 392  
File  
8-2-82  
Date of Application

MALE  
Medical Examination Report Dated 7-6-82  
Name of Physician Sircar

FEMALE  
Medical Examination Report Dated 7-31-82  
Name of Physician 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 Thomas Joel Hughes  
Date of Birth 7-17-1962  
Place of Birth (State or foreign country) Cambridge Nebraska  
Residence Address 17416 Johnson Union McHenry 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)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Oscar Hughes  
Residence of father (if deceased so state): Union Ill  
Birthplace of father (State or foreign country): Wisconsin  
9. Full maiden name of mother: Mary Lou Bender  
Residence of mother (if deceased so state): Union Ill  
Birthplace of mother (State or foreign country): Wisconsin

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

Signed x Tom S. Hughes  
New Address 1111 N. Main, Joplin, MO

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

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

FEMALE APPLICANT

Name Paula Sue Nelson  
Date of Birth 4-7-1956  
Place of Birth (State or foreign country) Lebanon Ind  
Residence Address 427 Douglas Dr. B'burg Hend Ind  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Lawrence Nelson  
Residence of father (if deceased so state): B'burg Ind  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Norma Florence Martin  
Residence of mother (if deceased so state): B'burg Ind  
Birthplace of mother (State or foreign country): Indiana

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

Signed x Paula S. Nelson  
New Address 1111 N. Main, Joplin, MO

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

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 August 1982, authorizing the joining together as husband and wife of Thomas Joel Hughes and Paula Sue Nelson  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, JERRY L. BELLVILLE hereby certify that on the 7 day of August, 1982, at Lebanon, County of Hendricks, State of Indiana, Groom: Thomas Joel Hughes of \_\_\_\_\_ County, State of \_\_\_\_\_ and, Bride: Paula Sue Nelson 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 6 day of August, 1982.

Signed JERRY L. BELLVILLE  
Official Designation \_\_\_\_\_ Clerk  
12 day of August 1982  
Signed Mary Jane Russell HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 393  
File 8-2-82  
Date of Application

MALE  
Medical Examination Report Dated 7-27-82  
Name of Physician Kourany

FEMALE  
Medical Examination Report Dated 7-28-82  
Name of Physician 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 James M. Pearce  
Date of Birth 12 25 1954  
Place of Birth (State or foreign country) St. Wayne Ind  
Residence Address 171 Shoencrest Morenci Ind  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Clyde R. Pearce  
Residence of father (if deceased so state) St. Wayne Ind  
Birthplace of father (State or foreign country) Cincinnati Ind  
9. Full maiden name of mother Hilda Sellers  
Residence of mother (if deceased so state) Deceased  
Birthplace of mother (State or foreign country) Unknown

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

Signed James M. Pearce

New Address same

Subscribed and sworn to before me this 2 day of Aug, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name Vikki L. Vinton  
Date of Birth 3 28 1959  
Place of Birth (State or foreign country) Phoenix Ariz  
Residence Address 171 Shoencrest Morenci Ind  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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. Vinton Jr.  
Residence of father (if deceased so state) Morenci Ind  
Birthplace of father (State or foreign country) Phoenix Ariz  
9. Full maiden name of mother Connie A. Schaefer  
Residence of mother (if deceased so state) Morenci Ind  
Birthplace of mother (State or foreign country) Kosciusko Co, Ind

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

Signed Vikki L. Vinton

New Address same

Subscribed and sworn to before me this 2 day of Aug, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 16 day of August, 1982, authorizing the going together as husband and wife of James M. Pearce and Vikki L. Vinton.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Robert W. Knechel, Jr. hereby certify that on the 14 day of August, 1982, at Indianapolis, County of Marion, State of Ind, and, Bride Vikki Lynn Vinton 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 14 day of August, 1982.

Signed Robert W. Knechel, Jr.

Official Designation Pastor  
16 day of August, 1982.

Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

513

No. 394  
File August 2, 1982  
Date of Application

MALE  
Medical Examination Report Dated 8-6-82  
Name of Physician Eric D. Clark

FEMALE  
Medical Examination Report Dated 7-13-82  
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 James P. Fiori  
Date of Birth 3 28 1953  
Place of Birth (State or foreign country) Franklin, New Hampshire  
Residence Address 2741 Columbus, Berkeley MT 48072

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

☒ Other (Specify) Drivers license up to date

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Andrew Fiori  
Residence of father (if deceased so state) Brunswick, Maine  
Birthplace of father (State or foreign country) Maine

9. Full maiden name of mother Margaret Pauline Hammond  
Residence of mother (if deceased so state)  
Birthplace of mother (State or foreign country) Maine

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

Signed James P. Fiori  
New Address Rochester, Mich

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

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

FEMALE APPLICANT

Name Janice Marie Trapp  
Date of Birth 7 28 1956  
Place of Birth (State or foreign country) Danville, Illinois  
Residence Address 162 N. Rd. 300 E. Danville, Ind

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

☒ Other (Specify) Drivers lic.

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Henry Trapp  
Residence of father (if deceased so state) Danville  
Birthplace of father (State or foreign country) Illinois

9. Full maiden name of mother Catherine Agnes Basinger  
Residence of mother (if deceased so state) Danville  
Birthplace of mother (State or foreign country) Illinois

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

Signed Janice M. Trapp  
New Address 1019 Ironwood Ct, #204 Michigan

Subscribed and sworn to before me this 2 day of August, 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, Hendricks } ss:  
County of

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_, 1982, authorizing the joining together as husband and wife of Indiana dated the \_\_\_\_\_ day of \_\_\_\_\_, 1982.

Be it further remembered, the following marriage certificate was filed in my office, to wit:  
I, \_\_\_\_\_ hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 1982,  
at \_\_\_\_\_ County, State of \_\_\_\_\_  
one thousand nine hundred and \_\_\_\_\_ of \_\_\_\_\_ County, State of \_\_\_\_\_  
State of Indiana, Groom James P. Fiori  
and, Bride Janice Marie Trapp

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 \_\_\_\_\_, 1982.

Signed \_\_\_\_\_  
Official Designation \_\_\_\_\_  
Signed \_\_\_\_\_ Clerk  
\_\_\_\_\_ Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1982.



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 395  
File \_\_\_\_\_  
Date of Application 8-3-82

MALE  
Medical Examination Report Dated 8-2-82  
Name of Physician Moritts

FEMALE  
Medical Examination Report Dated 8-2-82  
Name of Physician Moritts

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

## MALE APPLICANT

Name Billy R. Hausman  
Date of Birth 11/29/1946  
Place of Birth (State or foreign country) Brazil Ind.  
Residence Address 10033 Maumee Dr. Indpls  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☒ Other (Specify) 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.

Anthony Ray Hausman  
Troy Wayne Hausman

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒  
If answer is "yes", it is required that this Application be 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 Ray Hausman  
Residence of father (if deceased so state) Brazil Ind.  
Birthplace of father (State or foreign country) Illinois

9. Full maiden name of mother Betty Jean Bell  
Residence of mother (if deceased so state) Brazil Indpls Ind.  
Birthplace of mother (State or foreign country) Brazil Ind.

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

Signed Billy R. Hausman  
New Address Same

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk \_\_\_\_\_

## FEMALE APPLICANT

Name Joyce E. Struble  
Date of Birth 11/27/1956  
Place of Birth (State or foreign country) Indpls Ind.  
Residence Address 10033 Maumee Dr. Indpls  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☒ Other (Specify) 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.

Matthew Christopher Struble

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Norman Morris Spear  
Residence of father (if deceased so state) Indpls Ind.  
Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Helma Irene Wilks  
Residence of mother (if deceased so state) Indpls Ind.  
Birthplace of mother (State or foreign country) Kentucky

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

Signed Joyce E. Struble  
New Address Same

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day 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 August, 1982, authorizing the joining together as husband and wife of Billy R. Hausman and Joyce E. Struble.  
Be it further remembered the following marriage certificate was filed in my office, to-wit:  
I, R. T. Tidwell, hereby certify that on the 14 day of August, one thousand nine hundred and 82, at Indianapolis, County of Marion, State of Indiana, Groom Billy R. Hausman of Hendricks County, State of Ind. and, Bride Joyce E. Struble 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 August, 1982.

Signed R. T. Tidwell

Official Designation Pastor  
Signed Nary Jane Russell  
Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1982.



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 396  
File 8-3-82  
Date of Application

515

MALE  
Medical Examination Report Dated 7-29-82  
Name of Physician A. Scudder

FEMALE  
Medical Examination Report Dated 7-29-82  
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 Terrence J. Hammons  
Date of Birth Oct 14 1956  
Place of Birth (State or foreign country) Lebanon, In  
Residence Address General Delivery Pittsboro, In  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father James J. Hammons  
Residence of father (if deceased so state) Pittsboro, In  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Marcia Ann Linn  
Residence of mother (if deceased so state) Pittsboro, In  
Birthplace of mother (State or foreign country) Indiana

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

Signed Terrence J. Hammons  
New Address 292 Meadow Drive #2 Danville Indiana 46122

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

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

FEMALE APPLICANT

Name Mary C. Lafton  
Date of Birth Dec 25 1961  
Place of Birth (State or foreign country) Indianapolis, In  
Residence Address 252 Meadow Dr Apt #2 Danville, In  
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

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Ronnie Joe Lafton  
Residence of father (if deceased so state) Lebanon, In  
Birthplace of father (State or foreign country) Mo  
9. Full maiden name of mother Lelona Ann Jones  
Residence of mother (if deceased so state) Danville, In  
Birthplace of mother (State or foreign country) Ark

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

Signed Mary C. Lafton  
New Address 292 Meadow Dr Apt #2 Danville, In 46122

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

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court  
of Indiana dated the 9th day of Aug, 1982, authorizing the joining together as husband and wife  
of Terrence J. Hammons and Mary C. Lafton  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

1. Stanley A. Johnson hereby certify that on the 7 day of August,  
one thousand nine hundred and 82 at Danville County of Hendricks  
State of Indiana, Groom Terrence J. Hammons of Hendricks County, State of Indiana  
and, Bride Mary C. Lafton 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 7 day of August, 1982  
Signed Stanley A. Johnson  
Official Designation Notary \_\_\_\_\_, 1982  
Clerk

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_  
Signed Mary Jane Russell \_\_\_\_\_  
Clerk HENDRICKS Circuit Court



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 397  
File \_\_\_\_\_  
Date of Application 8-3-82

MALE  
Medical Examination Report Dated 7-22-82  
Name of Physician Clanell S. Skull, M.D.

FEMALE  
Medical Examination Report Dated 7-22-82  
Name of Physician Clanell S. Skull, 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 Steven Hodge  
Date of Birth 6 9 1951  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address 9521 Lafayette Rd, Indpls, Indiana  
Previous Marital Status: Never Married ☐ OR ☒ Divorce ☐ Annulment ☐  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Revised License w/ Pic

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.  
Gabriel Hodge - 11

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒  
If answer is "yes", it is required that this Application be 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 S. Hodge  
Residence of father (if deceased so state) Nashville, In.  
Birthplace of father (State or foreign country) W. Virginia  
9. Full maiden name of mother Mildred J. Carithers  
Residence of mother (if deceased so state) Speedway, In.  
Birthplace of mother (State or foreign country) Illinois

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

Signed Steven E. Hodge  
New Address 9521 LAFAYETTE RD.

Subscribed and sworn to before me this 3rd day of August, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

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

## FEMALE APPLICANT

Name Kathy Hannon  
Date of Birth 11 8 1952  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address 9521 Lafayette Rd, Indpls, Indiana  
Previous Marital Status: Never Married ☐ OR ☒ Divorce ☐ Annulment ☐  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Revised License w/ Pic

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Dean Robert Hannon  
Residence of father (if deceased so state) Nashville, Indiana  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Kathleen Shelburne  
Residence of mother (if deceased so state) deceased  
Birthplace of mother (State or foreign country) Indiana

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

Signed Kathy Hannon  
New Address 9521 LAFAYETTE RD

Subscribed and sworn to before me this 3rd day of August, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the 10th day of Aug., 1982, authorizing the joining together as husband and wife of Steven Hodge and Kathy Hannon.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Joseph J. Salimi, hereby certify that on the 21 day of August,  
one thousand nine hundred and 82, at Zionsville, County of Boone,  
State of Indiana, Groom Steven Hodge of Hendricks County, State of Ind.  
and, Bride Kathy Hannon 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 Aug., 1982.

Signed Joseph J. Salimi  
Official Designation Minister  
Signed Mary Jane Russell  
Filed and recorded in accordance with the laws of the State of Indiana this 26 day of Aug., 1982.  
HENDRICKS Clerk  
Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 398  
File  
8-4-82  
Date of Application

517

MALE  
Medical Examination Report Dated 8-3-82  
Name of Physician Ronald K. Stegemoller, M.D.

FEMALE  
Medical Examination Report Dated 8-3-82  
Name of Physician Ronald K. Stegemoller, 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 Middle Last  
Daniel R. Johnson  
Date of Birth Month Day Year  
8 2 1963  
Place of Birth (State or foreign country)  
Harvey, Illinois  
Residence Address Street or R. R. City County State  
6655 Hubbard Ave, Shelby, Ill. 60477  
Previous Marital 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.
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Shirley Frank Hicke (Step)  
Residence of father (if deceased so state): Donald Roy Johnson (Natural Father)  
Birthplace of father (State or foreign country): Illinois

9. Full maiden name of mother: Jean Ann Lee  
Residence of mother (if deceased so state): Shelby Park, Ill. 60477  
Birthplace of mother (State or foreign country): Missouri

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

County of: Signed: Dan Johnson  
New Address: 334 Water St. Bourbonnais IL 60914

Subscribed and sworn to before me this 4th day of August, 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, Hendricks } ss:  
County of: Signed: \_\_\_\_\_ Father  
Signed: \_\_\_\_\_ Mother

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

FEMALE APPLICANT

Name First Middle Last  
Jan E. McRoberts  
Date of Birth Month Day Year  
1 28 1962  
Place of Birth (State or foreign country)  
Indianapolis, Ind.  
Residence Address Street or R. R. City County State  
Rt #1, Box 169A, North Salem, Ind. 46165  
Previous Marital 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.
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Norman E. McRoberts  
Residence of father (if deceased so state): North Salem, Ind.  
Birthplace of father (State or foreign country): Bensenville, Ind.

9. Full maiden name of mother: Alice Ann Brewer  
Residence of mother (if deceased so state): Eastland City, Ind. 46034  
Birthplace of mother (State or foreign country): Eastland City, Ind.

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

County of: Signed: Jan E. McRoberts  
New Address: 334 Water St. Bourbonnais, IL 60914

Subscribed and sworn to before me this 4th day of August, 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, Hendricks } ss:  
County of: Signed: \_\_\_\_\_ Father  
Signed: \_\_\_\_\_ Mother

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the  
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 4th day of August, 1982, authorizing the joining together as husband and wife  
of Daniel R. Johnson and Jan E. McRoberts

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, S. J. Hicke hereby certify that on the 7 day of August, 1982, at North Salem, County of Hendricks, State of Illinois

one thousand nine hundred and 82, of Cook County, State of Ind.

State of Indiana, Groom: Daniel R. Johnson and, Bride: Jan E. McRoberts of Hendricks County, State of Ind.

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

Dated this 7 day of August, 1982. Signed: S. J. Hicke  
Official Designation: Minister, 1982

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of August, 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. 399  
File 8-4-82  
Date of Application

MALE  
Medical Examination Report Dated 7-28-82  
Name of Physician Greist

FEMALE  
Medical Examination Report Dated 7-28-82  
Name of Physician 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 Steve A. Sharp  
Date of Birth 6 15 1957  
Place of Birth (State or foreign country) Tacoma, Wash  
Residence Address 6346 Maadstone Indpls Marion Ind  
Previous Marital 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: Shelby Sharp  
Residence of father (if deceased so state): Burg Ind  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Nancy Jane Merdethy  
Residence of mother (if deceased so state): Burg, Ind  
Birthplace of mother (State or foreign country): Indiana  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of  
Signed Steve Sharp  
New Address 6346 Maadstone DR Indpls  
Subscribed and sworn to before me this 4 day of Aug, 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, HENDRICKS } ss:  
County of  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Cheryl L. Harris  
Date of Birth 6 10 1959  
Place of Birth (State or foreign country) Lebanon Ind  
Residence Address 28 Jennifer Ln Burg Neub Ind  
Previous Marital 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: Ernest Wayne Harris  
Residence of father (if deceased so state): Burg Ind  
Birthplace of father (State or foreign country): Cosport, Ky  
9. Full maiden name of mother: Sandy Lee Thompson  
Residence of mother (if deceased so state): Burg, Ind  
Birthplace of mother (State or foreign country): Indiana  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of  
Signed Cheryl L Harris  
New Address 6346 MAADSTONE DR. INDPLS  
Subscribed and sworn to before me this 4 day of Aug, 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, HENDRICKS } ss:  
County of  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 9 day of Aug, 1982 authorizing the joining together as husband and wife of Steve A. Sharp and Cheryl L. Harris  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, John Thomas Sexton hereby certify that on the 18 day of Sept, 1982 at Pittsburg, County of Hendricks, State of Indiana, Groom Steve A. Sharp and, Bride Cheryl L. Harris of Marion County, State of Ind were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 18 day of Sept, 1982.  
Signed John Thomas Sexton  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 24 day of Sept, 1982.  
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 400  
File \_\_\_\_\_

519

MALE  
Medical Examination Report Dated 8-4-82  
Name of Physician Neely

FEMALE  
Medical Examination Report Dated 8-4-82  
Name of Physician 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 Harold B. Phillips  
Date of Birth 2 8 1934  
Place of Birth (State or foreign country) La.  
Residence Address 2345 First St. Ind. Hend. Ind.

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

☒ Other (Specify) Drivers license

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

6. List the full names of any dependent children:  
Marla Gay Phillips  
Nector Burton Phillips

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: James William Phillips  
Residence of father (if deceased so state): Deceased

Birthplace of father (State or foreign country): Virginia

9. Full maiden name of mother: Dorsha Ernestine Green  
Residence of mother (if deceased so state): Indpls Ind.

Birthplace of mother (State or foreign country): Virginia

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

County of \_\_\_\_\_

Signed Harold B. Phillips

New Address: Same

Subscribed and sworn to before me this 04 day of Aug, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

FEMALE APPLICANT

Name Barbara E. Markle  
Date of Birth 9 2 1937  
Place of Birth (State or foreign country) Ind.  
Residence Address 2345 First St. Ind. Hend. Ind.

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

☒ Other (Specify) Drivers license

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

6. List the full names of any dependent children:

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Nitchel - Eubanks  
Residence of father (if deceased so state): Deceased

Birthplace of father (State or foreign country): Eubank Ky.

9. Full maiden name of mother: Lena R. Traker  
Residence of mother (if deceased so state): Indpls Ind.

Birthplace of mother (State or foreign country): Trafalger Ind.

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

County of \_\_\_\_\_

Signed Barbara E. Markle

New Address: Same

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

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 17th day of August, 1982, authorizing the joining together as husband and wife of Harold B. Phillips and Barbara E. Markle.

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

I, William Spencer Gillespie hereby certify that on the 28 day of Aug, 1982, County of Hendricks

one thousand nine hundred and 82 at Plainfield County, State of Ind.

State of Indiana, Groom Harold B. Phillips of Hendricks County, State of Ind.

and, Bride Barbara E. Markle 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 28 day of August, 1982.

Signed William Spencer Gillespie Official Designation Justice, 1982 Clerk

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 401  
File 8-4-82  
Date of Application

## MALE

Medical Examination Report Dated 7-19-82Name of Physician Darryl S. Montgomery

## FEMALE

Medical Examination Report Dated 7-19-82Name of Physician Darryl S. Montgomery

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

## MALE APPLICANT

Name First M. Middle Roontz Last  
Date of Birth Month 7 Day 12 Year 1962  
Place of Birth (State or foreign country) Indiana  
Residence Address 10182 E. 1000th, Brownsburg, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

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

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

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

Signed Gary M. RoontzNew Address 116-9 Nimitz Dr. West. Lafayette, Ind.

Subscribed and sworn to before me this 4th day of August, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

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

## FEMALE APPLICANT

Name First Lyne Middle M. Last Morgan  
Date of Birth Month 5 Day 26 Year 1962  
Place of Birth (State or foreign country) Indiana  
Residence Address 2450 N. 1000E., Brownsburg, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Gary Morgan  
Residence of father (if deceased so state) Brownsburg, Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Catherine McIntire  
Residence of mother (if deceased so state) Brownsburg, Ind.  
Birthplace of mother (State or foreign country) Indiana

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

Signed Lyne M. MorganNew Address 116-9 Nimitz Dr. West. Lafayette, Ind.

Subscribed and sworn to before me this 4th day of August, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 9 day of Aug, 1982 authorizing the joining together as husband and wife

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

I, John Beitzers hereby certify that on the 14 day of August, 1982 at St. Christopher Church, County of Marion, State of Indiana, Groom Gary M. Roontz of Hendricks County, State of Ind. and, Bride Lyne M. Morgan 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 14 day of August, 1982.

Signed John BeitzersOfficial Designation PastorFiled and recorded in accordance with the laws of the State of Indiana this 17 day of August, 1982.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court



FEMALE APPLICANT

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of June 1908  
Signed Mary Vere Russell  
W. D. DICKS Circuit Court



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 403  
File 8-5-82  
Date of Application

MALE  
Medical Examination Report Dated 8-3-82  
Name of Physician Greist

FEMALE  
Medical Examination Report Dated 8-3-82  
Name of Physician 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 George E. Davis  
Date of Birth 11 26 1945  
Place of Birth (State or foreign country) Beach Grove, Ind.  
Residence Address 4385 N. 1000 E. Burg Ind.  
Previous Marital 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 Unknown  
Residence of mother (if deceased so state) Unknown  
Birthplace of mother (State or foreign country) Unknown

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

Signed George E. Davis  
New Address SAME

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

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
\_\_\_\_\_  
Clerk

FEMALE APPLICANT

Name Janonda D. Hughes  
Date of Birth 8 16 1953  
Place of Birth (State or foreign country) Beach Grove, Ind.  
Residence Address 4385 N. 1000 E. Burg Ind.  
Previous Marital 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.

Dewey Edward Hughes  
Angela Dawn Hughes  
Lillian Ethel Hughes

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

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

Signed Janonda Hughes  
New Address same

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

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
\_\_\_\_\_  
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 9th day of Aug, 19 82, authorizing the joining together as husband and wife of George E. Davis and Janonda D. Hughes.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Myron Barnard, hereby certify that on the 12 day of August, 19 82, at Indianapolis, County of Marion, State of Ind., and, Bride Janonda D. Hughes, 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 August, 19 82.

Signed Myron Barnard  
Official Designation Judge  
Filed and recorded in accordance with the laws of the State of Indiana this 16 day of August, 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

No. 404

File 8-5-82

Date of Application

MALE  
Medical Examination Report Dated 8-2-82  
Name of Physician M.D. Scamahorn

FEMALE  
Medical Examination Report Dated 8-2-82  
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 Joseph R. Last Leak  
Date of Birth Month 12 Day 29 Year 60  
Place of Birth (State or foreign country) Lebanon, Ind.  
Residence Address Street or R. R. City County State  
R #1 Box 123A, Linton, Indiana  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers license w/picture

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Robert Leak  
Residence of father (if deceased so state): Linton, Ind.  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Betty Nan Cox  
Residence of mother (if deceased so state): Linton, Ind.  
Birthplace of mother (State or foreign country): Indiana

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

Signed X Joseph R. Leak  
New Address 800 N. Smith Rd Apt 15 B'con

Subscribed and sworn to before me this 5 day of Aug, 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, Hendricks } ss:  
County of Hendricks

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_, Clerk

## FEMALE APPLICANT

Name First Karrie K. Middle K. Last McClung  
Date of Birth Month 11 Day 26 Year 1961  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address Street or R. R. City County State  
R #1, Box 65, Pittsboro, 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)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Edwin McClung  
Residence of father (if deceased so state): Pittsboro, Ind.  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Margorie May Gallett  
Residence of mother (if deceased so state): Pittsboro, Ind.  
Birthplace of mother (State or foreign country): Kansas

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

Signed Karrie K. McClung  
New Address 800 N. Smith Apt 15 B'con

Subscribed and sworn to before me this 5 day of Aug, 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, Hendricks } ss:  
County of Hendricks

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_, Clerk

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 August, 1982, authorizing the joining together as husband and wife of Joseph R. Leak and Karrie K. McClung.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, John M. Hall, hereby certify that on the 14 day of August, 1982, at Brownsville, Hendricks County, State of Indiana, one thousand nine hundred and 82, of Hendricks County, State of Indiana, Groom Joseph R. Leak and, Bride Karrie K. McClung, were by me united 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 August, 1982.

Signed John M. Hall  
Official Designation \_\_\_\_\_ Clerk  
22 day of August, 1982

Signed Mary Jane Russell  
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 405  
File 8-5-82  
Date of Application

MALE  
Medical Examination Report Dated 8-3-82  
Name of Physician Nesley

FEMALE  
Medical Examination Report Dated 8-3-82  
Name of Physician Nesley

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

## MALE APPLICANT

Name William Jeffrey Gibbs  
Date of Birth 09/30/1958  
Place of Birth (State or foreign country) Indep. Ind.  
Residence Address RR 1 Box 13 Clayton Road Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Jack Walter Gibbs  
Residence of father (if deceased so state) Clayton, Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Sarah Jeanette Walter  
Residence of mother (if deceased so state) Clayton Ind.  
Birthplace of mother (State or foreign country) Indiana

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

Signed William Jeffrey Gibbs  
New Address Maryland

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

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name Rebecca S. Bennett  
Date of Birth 5/11/1963  
Place of Birth (State or foreign country) Indep. Ind.  
Residence Address P.O. Box 10 Clayton Road Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Leon Bennett  
Residence of father (if deceased so state) Clayton Ind.  
Birthplace of father (State or foreign country) Putnam Co. Ind.  
9. Full maiden name of mother Bessie Ann Karch  
Residence of mother (if deceased so state) Clayton Ind.  
Birthplace of mother (State or foreign country) Indep. Ind.

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

Signed Rebecca S. Bennett  
New Address Maryland

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

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 9th day of August, 1982, authorizing the joining together as husband and wife of William Jeffrey Gibbs and Rebecca S. Bennett.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Janis D. Truong, hereby certify that on the 17 day of August, one thousand nine hundred and 82, at Clayton, County of Hendricks, State of Indiana, Groom William Jeffrey Gibbs and, Bride Rebecca S. Bennett 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 August, 1982.

Signed Janis D. Truong  
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of August, 1982.  
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 406  
File  
8-5-82  
Date of Application

525

MALE  
Medical Examination Report Dated 7-27-82  
Name of Physician A. N. Scudder, M.D.

FEMALE  
Medical Examination Report Dated 7-27-82  
Name of Physician A. N. Scudder, M.D.

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

MALE APPLICANT

Name First Neil Middle J. Last Clements  
Date of Birth Month 5 Day 16 Year 1960  
Place of Birth (State or foreign country) Indiana  
Residence Address RR #3, Box 182, Danville, Ind. 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) Chronic Sinus w/ Polyps

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Albert Clements  
Residence of father (if deceased so state) Danville, Indiana  
Birthplace of father (State or foreign country) Nebraska  
9. Full maiden name of mother Green Ann Hemel  
Residence of mother (if deceased so state) Danville, Indiana  
Birthplace of mother (State or foreign country) Nebraska

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

Signed Neil J. Clements  
New Address RR 3 Box 182 Danville

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

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

FEMALE APPLICANT

Name First Lora Middle J. Last Gibbs  
Date of Birth Month 3 Day 29 Year 1962  
Place of Birth (State or foreign country) Indiana  
Residence Address RR #3, Box 182, Danville, Ind. 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)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Franklin Gibbs  
Residence of father (if deceased so state) Danville, Indiana  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Lydia Anne Masten  
Residence of mother (if deceased so state) Danville, Indiana  
Birthplace of mother (State or foreign country) Indiana

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

Signed Lora J. Gibbs  
New Address RR 3 Box 182 Danville

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

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10th day of August, 1982, authorizing the joining together as husband and wife of Neil J. Clements and Lora J. Gibbs.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, William P. Hendricks, hereby certify that on the 29th day of August, 1982, at Washington Township, County of Hendricks, State of Indiana, Groom Neil J. Clements of Hendricks County, State of Indiana, and, Bride Lora J. Gibbs 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 10th day of August, 1982.

Signed William P. Hendricks  
Official Designation \_\_\_\_\_, 1982  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



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

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
**HENDRICKS** County

No. 407  
File August 5, 1982  
Date of Application

**MALE**  
Medical Examination Report Dated 7-29-82  
Name of Physician William Edwards

**FEMALE**  
Medical Examination Report Dated Aug 3-1982  
Name of Physician Dr. 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 Gay W. Moran  
Date of Birth July 5 1964  
Place of Birth (State or foreign country) Marion Co. Ind.  
Residence Address 419 Cartersburg Ind. West.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☐ Other (Specify) \_\_\_\_\_

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.  
8. Full name of father Roger Lloyd Moran  
Residence of father (if deceased so state) Cartersburg Ind.  
Birthplace of father (State or foreign country) Kentucky  
9. Full maiden name of mother Patty Ramsey  
Residence of mother (if deceased so state) Cartersburg Ind.  
Birthplace of mother (State or foreign country) Ohio  
State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Gary W. Moran  
New Address 419 Cartersburg Rd. Danville Ind.  
Subscribed and sworn to before me this 5 day of August, 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, **HENDRICKS** } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Christina M. Brummett  
Date of Birth August 2 1964  
Place of Birth (State or foreign country) Marion Co. Ind.  
Residence Address R.R. #1 Box 74 M. Pittsboro, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☐ Other (Specify) \_\_\_\_\_

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Brummett  
Residence of father (if deceased so state) Indianapolis, Ind.  
Birthplace of father (State or foreign country) Illinois  
9. Full maiden name of mother Sharon Teresa Rower  
Residence of mother (if deceased so state) Pittsboro Ind.  
Birthplace of mother (State or foreign country) Indpls. Ind.  
State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Christina M. Brummett  
New Address 419 Cartersburg Rd. Ind.  
Subscribed and sworn to before me this 5 day of August, 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, **HENDRICKS** } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the **HENDRICKS** Circuit Court of Indiana dated the 10<sup>th</sup> day of August, 1982, authorizing the joining together as husband and wife of Gary W. Moran and Christina M. Brummett.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Dennis L. Dodson, hereby certify that on the 21 day of August, 1982, at Brownsville, County of Hendricks, State of Indiana, Groom Gary W. Moran and, Bride Christina M. Brummett, 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 August, 1982.

Signed Dennis L. Dodson  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 10 day of August, 1982.  
Signed Mary Jane Russell  
**HENDRICKS** Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 408

File

8-6-82  
Date of Application

MALE  
Medical Examination Report Dated 8-2-82  
Name of Physician Hadley

FEMALE  
Medical Examination Report Dated 8-2-82  
Name of Physician Hadley

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

MALE APPLICANT

Name Kenneth C. Helms  
Date of Birth 6-29-1948  
Place of Birth (State or foreign country) Joseph Ind.  
Residence Address 11717 W. Rockwell Rd. Joseph Ind.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐

6. List the full names of any dependent children:  
James A. Helms  
Teresa L. Helms  
Janice R. Helms

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Thomas A. Helms  
Residence of father (if deceased so state): Decatur  
Birthplace of father (State or foreign country): Georgia

9. Full maiden name of mother: Grace E. Holyfield  
Residence of mother (if deceased so state): Newton N. Carolina  
Birthplace of mother (State or foreign country): Pueblo Co.

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

Signed: Kenneth C. Helms  
New Address: 9405 W. 10th St.

Subscribed and sworn to before me this 6 day of Aug, 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, Hendricks } ss:  
County of: Hendricks

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1982  
Clerk

FEMALE APPLICANT

Name Sabrina Y. Venable  
Date of Birth 9-2-1953  
Place of Birth (State or foreign country) Joseph Ind.  
Residence Address 11717 W. Rockwell Rd. Joseph Ind.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐

6. List the full names of any dependent children:  
Gretchen L. Venable  
Christy L. Venable

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Morris E. Phillips  
Residence of father (if deceased so state): Gordonsville, Tenn  
Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Melba D. Wagner  
Residence of mother (if deceased so state): Gordonsville Tenn.  
Birthplace of mother (State or foreign country): Tennessee

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

Signed: Sabrina Y. Venable  
New Address: 9405 W. 10th St. Indianapolis 46234

Subscribed and sworn to before me this 6 day of Aug, 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, Hendricks } ss:  
County of: Hendricks

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1982  
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 authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 11 day of Aug, 1982, authorizing the joining together as husband and wife of Kenneth C. Helms and Sabrina Y. Venable.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, William P. Hendricks, hereby certify that on the 24 day of August, 1982, at Washington Township, Hendricks County, State of Indiana, Groom Kenneth C. Helms and, Bride Sabrina Y. Venable, of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 11 day of August, 1982.

Signed: William P. Hendricks  
Official Designation: Minister, 1982

Signed: Mary Jane Russell  
Clerk Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this day of August, 1982.



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

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
**HENDRICKS** County

No. 409  
File August 6, 1982  
Date of Application

**MALE**  
Medical Examination Report Dated 7-30-82  
Name of Physician Timothy Story

**FEMALE**  
Medical Examination Report Dated 7-30-82  
Name of Physician William Holland

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

**MALE APPLICANT**

Name James Oran Onken  
Date of Birth Dec 17 1959  
Place of Birth (State or foreign country) Indpls., In  
Residence Address 320 Acorn Ave. B'burg Ind In

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

☒ Other (Specify) drivers lic

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Leon Elden Onken  
Residence of father (if deceased so state) B'burg  
Birthplace of father (State or foreign country) Grandesville, In  
9. Full maiden name of mother Doris Anne McMary  
Residence of mother (if deceased so state) B'burg  
Birthplace of mother (State or foreign country) Indiana

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

Signed James Oran Onken  
New Address 525 E DRAKE RD #106 Ft Collins, CO

Subscribed and sworn to before me this 6 day of August, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Larinda Lee Ferrell  
Date of Birth October 18 1961  
Place of Birth (State or foreign country) Indpls., In  
Residence Address 534 S. Carr Plym Ind In

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

☐ Other (Specify) \_\_\_\_\_

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Harry Lee Ferrell  
Residence of father (if deceased so state) Plym  
Birthplace of father (State or foreign country) Ind.  
9. Full maiden name of mother Linda Sue Storms  
Residence of mother (if deceased so state) Plym  
Birthplace of mother (State or foreign country) Ind.

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

Signed Larinda L. Ferrell  
New Address 525 East Drake Apt 106 B, Ft Collins, CO

Subscribed and sworn to before me this 6 day of August, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10th day of Aug., 1982, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rick D. Shaw

one thousand nine hundred and 82 hereby certify that on the 14 day of August,  
State of Indiana, Groom James Oran Onken at Plainfield, County of Hendricks,  
and, Bride Larinda L. Ferrell 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, State of \_\_\_\_\_  
Dated this 10 day of Aug, 1982.

Signed Rick D. Shaw

Official Designation Pastor  
26 day of Aug, 1982

Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 410  
File  
8-6-82  
Date of Application

MALE  
Medical Examination Report Dated 8-5-82  
Name of Physician Clark

FEMALE  
Medical Examination Report Dated 8-5-82  
Name of Physician 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 Middle Last  
Martin G Grubbs  
Date of Birth Month Day Year  
7 17 1962  
Place of Birth (State or foreign country)  
Danville Ill.  
Residence Address Street or R. R. City County State  
Box 224 Perryville Vermillion Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Russell Grubbs  
Residence of father (if deceased so state) Danville Ill.  
Birthplace of father (State or foreign country) Danville Ill.  
9. Full maiden name of mother Neola Jean Martin  
Residence of mother (if deceased so state) Tulsa Ok.  
Birthplace of mother (State or foreign country) Danville Ill.

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

Signed Martin G. Grubbs  
New Address 200 Farrington apt # 419

Subscribed and sworn to before me this 6 day of Aug, 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, HENDRICKS } ss:  
County of

Signed Father  
Signed Mother

Subscribed and sworn to before me this day of 1982  
Clerk

## FEMALE APPLICANT

Name First Middle Last  
Jenna S Knox  
Date of Birth Month Day Year  
3 30 1961  
Place of Birth (State or foreign country)  
Safaville Ind.  
Residence Address Street or R. R. City County State  
P.O. Box 326 Danville Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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. Knox  
Residence of father (if deceased so state) Danville Ind.  
Birthplace of father (State or foreign country) Kentucky  
9. Full maiden name of mother Neola Jean Turcotte  
Residence of mother (if deceased so state) Danville Ind.  
Birthplace of mother (State or foreign country) Chicago Ill.

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

Signed Jenna Sue Knox  
New Address 200 Farrington apt # 419

Subscribed and sworn to before me this 6 day of Aug, 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, HENDRICKS } ss:  
County of

Signed Father  
Signed Mother

Subscribed and sworn to before me this day of 1982  
Clerk

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ County, Indiana, dated the 14 day of August, 1982, authorizing the joining together as husband and wife of \_\_\_\_\_ and \_\_\_\_\_, both of \_\_\_\_\_ County, State of \_\_\_\_\_, who 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, Indiana, Groom \_\_\_\_\_ and, Bride \_\_\_\_\_, Dated this 14 day of August, 1982.

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1982.  
Signed \_\_\_\_\_ Clerk  
Signed \_\_\_\_\_ Clerk



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 411  
File 8-6-82  
Date of Application

MALE  
Medical Examination Report Dated 7-30-82  
Name of Physician L. Martin

FEMALE  
Medical Examination Report Dated 7-30-82  
Name of Physician L. Martin

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

MALE APPLICANT  
Name Timothy Alan Green  
Date of Birth March 8 1961  
Place of Birth (State or foreign country) Indianapolis, IN  
Residence Address 9028 Flynn Rd Indianapolis IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

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

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

Signed Timothy Alan Green  
New Address 6417 Consulate Ct. #1303 Speedway IN 46224  
Subscribed and sworn to before me this 6 day of August 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

FEMALE APPLICANT  
Name Dawn Annette Van Arsdale  
Date of Birth Feb 7 1964  
Place of Birth (State or foreign country) Indianapolis, IN  
Residence Address RR1 Box 287 Comby Hendricks IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Roland R. Van Arsdale  
Residence of father (if deceased so state): Comby, IN  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Kathleen A. Broca  
Residence of mother (if deceased so state): Comby  
Birthplace of mother (State or foreign country): Ohio

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

Signed Dawn Van Arsdale  
New Address 6417 Consulate Ct #1303 Speedway IN 46224  
Subscribed and sworn to before me this 6 day of August 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the \_\_\_\_\_ day of August, 1982, authorizing the joining together as husband and wife of Timothy Alan Green and Dawn Annette Van Arsdale.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Timothy Chesson, hereby certify that on the 14 day of August, 1982, at Indianapolis, Marion County, State of Indiana, Groom Timothy Alan Green and, Bride Dawn Annette Van Arsdale, of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 14 day of August, 1982.

Signed Timothy Chesson  
Official Designation Minister  
Subscribed and sworn to before me this 17 day of August 1982  
Mary Jane Russell Clerk HENDRICKS Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 442  
File 8-9-82  
Date of Application

MALE  
Medical Examination Report Dated 8-5-82  
Name of Physician D. Hadley

FEMALE  
Medical Examination Report Dated 8-5-82  
Name of Physician D. Hadley

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

**MALE APPLICANT**

Name William D. Shadwick  
Date of Birth August 4, 1956  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address 1901 East Main St. Plainfield, Ind.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☐ Other (Specify) Driver's Lic. w/ Pic

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Esthna O. Shadwick  
Residence of father (if deceased so state) Plainfield, Ind.  
Birthplace of father (State or foreign country) Ind.  
9. Full maiden name of mother Rosetta Violet Coultas  
Residence of mother (if deceased so state) Plainfield, Ind.  
Birthplace of mother (State or foreign country) Indiana

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

Signed William D. Shadwick  
New Address 636 Lakeside Dr.  
Subscribed and sworn to before me this 9 day of August, 1982  
Nancy Jane Russell Clerk HENDRICKS Circuit Court

**FEMALE APPLICANT**

Name Monica L. Simon  
Date of Birth June 27, 1959  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address 636 Lakeside Dr. Plainfield, Ind.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☐ Other (Specify) Driver's Lic. w/ Pic

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Robert Michael Perakowski  
Residence of father (if deceased so state) Sheldon, Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Patricia Fawcett Perakowski  
Residence of mother (if deceased so state) Sheldon, Ind.  
Birthplace of mother (State or foreign country) New York

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

Signed Monica L. Simon  
New Address 636 Lakeside Dr. Plainfield  
Subscribed and sworn to before me this 9 day of August, 1982  
Nancy Jane Russell Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, HENDRICKS } ss:  
County of HENDRICKS

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, HENDRICKS } ss:  
County of HENDRICKS

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ HENDRICKS \_\_\_\_\_ Circuit Court of Indiana dated the 13 day of Aug, 1982, authorizing the joining together as husband and wife of William D. Shadwick and Monica L. Simon  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Esthna O. Shadwick hereby certify that on the 14 day of August, one thousand nine hundred and 82, at Indianapolis County, State of Ind.  
State of Indiana, Groom William D. Shadwick of Hendricks County, State of Ind.  
and, Bride Monica L. Simon 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 August, 1982.  
Signed Esthna O. Shadwick  
Official Designation Minister  
Signed Nancy Jane Russell Clerk  
HENDRICKS Circuit Court

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



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

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
**HENDRICKS** County

No. 413  
File 8-9-82  
Date of Application

**MALE**  
Medical Examination Report Dated 7-24-82  
Name of Physician John J. Darrell

**FEMALE**  
Medical Examination Report Dated 8-9-82  
Name of Physician Scamhorn + Darrell

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

**MALE APPLICANT**

Name David First Andrew Middle Seller Last  
Date of Birth Dec. Month 3 Day 1960 Year  
Place of Birth (State or foreign country) Baltimore  
Residence Address 2713 Hanson Ave. Street or R. R. Baltimore City City County Ind. State  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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 Bernard M. Selber  
Residence of father (if deceased so state) Baltimore  
Birthplace of father (State or foreign country) New York  
9. Full maiden name of mother Gail Anne Kockman  
Residence of mother (if deceased so state) Baltimore  
Birthplace of mother (State or foreign country) Maryland

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

Signed X David Andrew Selber  
New Address 2713 Hanson Ave BALTO MD 21209

Subscribed and sworn to before me this 9 day of August, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

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

**FEMALE APPLICANT**

Name Brenda First Joan Middle Truax Last  
Date of Birth March Month 7 Day 1959 Year  
Place of Birth (State or foreign country) Baltimore  
Residence Address 2713 Hanson Ave. Street or R. R. Baltimore City City County Ind. State  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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 Harlan H. Truax  
Residence of father (if deceased so state) Pittsboro  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Barbara Joan Moyer  
Residence of mother (if deceased so state) Pittsboro  
Birthplace of mother (State or foreign country) Indiana

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

Signed X Brenda Joan Truax  
New Address 2713 Hanson Ave, Baltimore MD 21209

Subscribed and sworn to before me this 9 day of August, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 13 day of August, 1982, authorizing the joining together as husband and wife of David Andrew Selber and Brenda Joan Truax.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, William Charles McShaw hereby certify that on the 14 day of August, 1982, at Pittsboro County of Hendricks, State of Indiana, Groom David Andrew Selber of Baltimore City County, State of Maryland and, Bride Brenda Joan Truax of Baltimore City County, State of Maryland were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 14 day of August, 1982.

Signed William Charles McShaw

Official Designation Minister  
17 day of August, 1982

Signed Mary Jane Russell  
HENDRICKS Clerk  
Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 414  
File \_\_\_\_\_

533

MALE  
Medical Examination Report Dated 8-3-82  
Name of Physician Irving Cohen

FEMALE  
Medical Examination Report Dated 8-3-82  
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 Middle Last  
Date of Birth Month Day Year  
Place of Birth (State or foreign country)  
Residence Address Street or R. R. City County State  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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 Eugene C. Phillips  
Residence of father (if deceased so state) Plainfield, In.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Joyce A. Lyon  
Residence of mother (if deceased so state) Plainfield, In.  
Birthplace of mother (State or foreign country) Indiana

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

Signed Harry E. Phillips  
New Address 637 Simmons Plainfield  
Subscribed and sworn to before me this 9th day of Aug, 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, Hendricks } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

FEMALE APPLICANT

Name First Middle Last  
Date of Birth Month Day Year  
Place of Birth (State or foreign country)  
Residence Address Street or R. R. City County State  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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 Henry C. Freitag  
Residence of father (if deceased so state) Plainfield, In.  
Birthplace of father (State or foreign country) Wisconsin  
9. Full maiden name of mother Ellen Cunningham  
Residence of mother (if deceased so state) Plainfield, In.  
Birthplace of mother (State or foreign country) England

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

Signed Debra F. Freitag  
New Address 637 Simmons Plainfield  
Subscribed and sworn to before me this 9th day of Aug, 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, Hendricks } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the 13th day of August, 1982, authorizing the joining together as husband and wife of \_\_\_\_\_ and \_\_\_\_\_  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, William R. Clayton, hereby certify that on the 14th day of August, 1982, at \_\_\_\_\_ County, State of \_\_\_\_\_  
one thousand nine hundred and 82, \_\_\_\_\_ County, State of \_\_\_\_\_  
State of Indiana, Groom, Larry C. Phillips, of \_\_\_\_\_  
and, Bride, Debra F. Freitag, 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 14th day of August, 1982.  
Signed William R. Clayton  
Official Designation \_\_\_\_\_ Clerk  
Signed Mary Jane Russell  
\_\_\_\_\_ Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_ Clerk



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

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
**HENDRICKS** County

No. 415  
File 8-9-82  
Date of Application

**MALE**  
Medical Examination Report Dated 7-31-82  
Name of Physician Seamahorn

**FEMALE**  
Medical Examination Report Dated 7-31-82  
Name of Physician Seamahorn

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

**MALE APPLICANT**

Name Joseph W. Goode  
Date of Birth 12 1962  
Place of Birth (State or foreign country) Lebanon, Ind.  
Residence Address RR 1 Box 219 N. Salem Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Thomas E. Goode  
Residence of father (if deceased so state) North Salem, Ind.  
Birthplace of father (State or foreign country) ILLINOIS  
9. Full maiden name of mother Gladys M. Clark  
Residence of mother (if deceased so state) North Salem Ind.  
Birthplace of mother (State or foreign country) INDIANA

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

Signed Joe W. Goode

New Address RR 1 Box 219 North Salem IN

Subscribed and sworn to before me this 9 day of Aug, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

**FEMALE APPLICANT**

Name Shannon S. Shurrell  
Date of Birth 12 1963  
Place of Birth (State or foreign country) Indpls Ind.  
Residence Address RR 1 Box 305 S. Pittsboro Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

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

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

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

Signed Shannon S. Shurrell

New Address RR 1 Box 219 N. Salem

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

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 13 day of August, 1982, authorizing the joining together as husband and wife

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

I, Raymond J. Rader hereby certify that on the 14 day of August, 1982

one thousand nine hundred and 82 at Sutton, County of Hendricks, State of Indiana, Groom Joseph W. Goode

and, Bride Shannon S. Shurrell 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 14 day of August, 1982

Signed Raymond Rader

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of August, 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

535

No. 416  
File August 10, 1982  
Date of Application

MALE  
Medical Examination Report Dated August 10, 1982  
Name of Physician Costen

FEMALE  
Medical Examination Report Dated August 10, 1982  
Name of Physician Costen

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

MALE APPLICANT

Name First Timothy Middle J. Last Hession  
Date of Birth Month July Day 8 Year 1959  
Place of Birth (State or foreign country) Indiana  
Residence Address Street or R. R. City County State  
1832 Christopher Indianapolis Marion IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License picture

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Daniel Bernard Hession  
Residence of father (if deceased so state) 8805 E. 600N Brownsburg, IN  
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Anna Catherine Wilk  
Residence of mother (if deceased so state) Brownsburg, IN  
Birthplace of mother (State or foreign country) Indiana

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

Signed Timothy J. Hession  
New Address 1832 Christopher Lane  
10 August 1982

Subscribed and sworn to before me this 10 day of August, 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, Hendricks } ss:  
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First Molly Middle A. Last Merrill  
Date of Birth Month March Day 15 Year 1960  
Place of Birth (State or foreign country) Indiana  
Residence Address Street or R. R. City County State  
1832 Christopher Indianapolis Marion IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License picture

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Kevin Merrill  
Residence of father (if deceased so state) Plainfield, IN  
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Margaret Ann Denebie  
Residence of mother (if deceased so state) Brownsburg, IN  
Birthplace of mother (State or foreign country) Indiana

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

Signed Molly Ann Merrill  
New Address 1832 Christopher Lane  
10 August 1982

Subscribed and sworn to before me this 10 day of August, 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, Hendricks } ss:  
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We 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 August, 1982, authorizing the joining together as husband and wife of Timothy J. Hession and Molly A. Merrill

Be it further remembered, the following marriage certificate was filed in my office, to-wit: \_\_\_\_\_  
I, John M. Hall, hereby certify that on the 14 day of August, 1982, at Brownsburg, Hendricks County, State of Ind.

one thousand nine hundred and 82, Timothy J. Hession of Hendricks County, State of Ind. and, Bride Molly A. Merrill 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 August, 1982. Signed John M. Hall, Priest, 1982. Official Designation 20 day of August, 1982. Signed Mary Jane Russell, Clerk, Hendricks Circuit Court.

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 417  
File August 10, 1982  
Date of Application

MALE  
Medical Examination Report Dated 8-10-82  
Name of Physician Quon Medical

FEMALE  
Medical Examination Report Dated 7-28-82  
Name of Physician Elenders

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

## MALE APPLICANT

Name Bradley K. Ellett  
Date of Birth March 2, 1956  
Place of Birth (State or foreign country) Indiana  
Residence Address 2050 Rockshire Rd. Indianapolis, IN 46205  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License w/picture

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Kern Ellett

Residence of father (if deceased so state) 1459 N. Livingstone Indianapolis, IN

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Shirley A. Burkett

Residence of mother (if deceased so state) Tennessee (Nashville)

Birthplace of mother (State or foreign country) Indiana

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

Signed Bradley K. Ellett

New Address 2050 Rockshire Rd. Indianapolis, IN

Subscribed and sworn to before me this 10 day of August, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

## FEMALE APPLICANT

Name Jill A. Hardesty  
Date of Birth January 12, 1960  
Place of Birth (State or foreign country) Indiana  
Residence Address 2050 Rockshire Rd. Indianapolis, IN 46205  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License w/picture

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Conrad Jack Hardesty

Residence of father (if deceased so state) Indianapolis, IN

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Carolyn Sue Pickett

Residence of mother (if deceased so state) Indianapolis, IN

Birthplace of mother (State or foreign country) Indiana

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

Signed Jill A. Hardesty

New Address 2050 Rockshire Rd. Indianapolis, IN

Subscribed and sworn to before me this 10 day of August, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day 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 August, 1982, authorizing the joining together as husband and wife

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

I, Thomas Harned, hereby certify that on the 20 day of August, 1982

one thousand nine hundred and 82 at Indianapolis, County of Marion

State of Indiana, Groom Bradley K. Ellett of Marion County, State of Ind

and, Bride Jill A. Hardesty 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 17 day of August, 1982.

Signed Thomas Harned

Official Designation Minister

Signed Mary Jane Russell

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of August, 1982.



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 418

File Aug 11, 1982  
Date of ApplicationMALE  
Medical Examination Report Dated None

Name of Physician

FEMALE

Medical Examination Report Dated None

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 Gerald O. Woodard  
Date of Birth Apr 4 1903  
Place of Birth (State or foreign country) Ind.  
Residence Address 315 Maston St. Plainfield Ind.  
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

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: John A. WoodardResidence of father (if deceased so state): deceasedBirthplace of father (State or foreign country): Ind.9. Full maiden name of mother: Betty ElmoreResidence of mother (if deceased so state): deceasedBirthplace of mother (State or foreign country): Ind.

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

Signed: Gerald O. WoodardNew Address: 315 Maston St.

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

Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

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

Clerk

## FEMALE APPLICANT

Name Elizabeth A. Bright  
Date of Birth Nov 9 1915  
Place of Birth (State or foreign country) Ind.  
Residence Address Rt 5 Box 166 Shenandoah Ind.  
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

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Walter E. BrockampResidence of father (if deceased so state): deceasedBirthplace of father (State or foreign country): Ind.9. Full maiden name of mother: Onah Mary BrockResidence of mother (if deceased so state): deceasedBirthplace of mother (State or foreign country): Ohio

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

Signed: Elizabeth A. BrightNew Address: 315 Maston St.

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

Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day 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 \_\_\_\_\_ day of \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, authorizing the joining together as husband and wife of \_\_\_\_\_ and \_\_\_\_\_.

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

I, \_\_\_\_\_ hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ County of \_\_\_\_\_

one thousand nine hundred and \_\_\_\_\_ at \_\_\_\_\_ County, State of \_\_\_\_\_

State of Indiana, Groom: Gerald O. Woodard of \_\_\_\_\_ County, State of \_\_\_\_\_and, Bride: Elizabeth A. Bright 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: John C. MowreeOfficial Designation: Judge, 19\_\_\_\_Signed: Mary Jane Russell Clerk

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 419  
File 8-11-82  
Date of Application

MALE  
Medical Examination Report Dated 8-4-82  
Name of Physician J. Williams

FEMALE  
Medical Examination Report Dated 8-5-82  
Name of Physician J. Williams

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

## MALE APPLICANT

Name Jon B. Hathers  
Date of Birth 2 Month 19 Day 1936 Year  
Place of Birth (State or foreign country) Danville Ind.  
Residence Address Pt 2 Box 305 Danville Mend. Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

6. List the full names of any dependent children.  
John Lee Hathers

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Marshall J. Hathers

Residence of father (if deceased so state) Deceased

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Helma J. Henderson

Residence of mother (if deceased so state) Deceased

Birthplace of mother (State or foreign country) Indiana

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

Signed Jon B. Hathers

New Address Same

Subscribed and sworn to before me this 11 day of Aug, 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, HENDRICKS ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name Eleanor Halcumb Lewis  
Date of Birth 8 Month 7 Day 1944 Year  
Place of Birth (State or foreign country) Jellies, Tenn.  
Residence Address P2 Box 305 Danville Mend. Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

6. List the full names of any dependent children.  
Lori Ann Lewis  
Sharon Kay Lewis

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒

If answer is "yes", it is required that this Application be 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 - Halcumb

Residence of father (if deceased so state) Jellies Ind.

Birthplace of father (State or foreign country) Jellies, Tenn.

9. Full maiden name of mother Zella Sizemore

Residence of mother (if deceased so state) Kentucky

Birthplace of mother (State or foreign country) Manchester Ky.

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

Signed Eleanor Lewis

New Address Same

Subscribed and sworn to before me this 11 day of Aug, 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, HENDRICKS ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued 3-day (newer) and filed in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the \_\_\_\_\_ day of August, 1982, authorizing the joining together as husband and wife

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

I, Dale Alon Rumble hereby certify that on the 15 day of August, 1982, at Danville, County of Hendricks, State of Indiana, Groom Jon Bertrand Hathers and, Bride Eleanor Lewis of Hendricks County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 15 day of August, 1982

Signed Dale Alon Rumble

Official Designation Minister day of August, 1982

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 420

File

8-11-82  
Date of Application

MALE

Medical Examination Report Dated

Name of Physician

7-28-82

Charles J. Hashbrook

FEMALE

Medical Examination Report Dated

Name of Physician

7-29-82

Charles J. Hashbrook

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Bruce White  
Date of Birth 5 3 1955  
Place of Birth (State or foreign country) Bedford, Indiana  
Residence Address 3920 Avon Rd., Plainfield, In. 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) Illinois 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 Wayne White  
Residence of father (if deceased so state) Shelbyville, Indiana  
Birthplace of father (State or foreign country) Bedford, Indiana

9. Full maiden name of mother Ruth Naomi Whalen  
Residence of mother (if deceased so state) Shelbyville, Indiana  
Birthplace of mother (State or foreign country) Bedford, Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.  
County of

Signed Bruce R. White

New Address 3920 Avon Rd., Plainfield, IN 46168

Subscribed and sworn to before me this 11th day of August, 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, HENDRICKS ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

FEMALE APPLICANT

Name Heather Hill  
Date of Birth 10 28 1954  
Place of Birth (State or foreign country) Bedford, Indiana  
Residence Address 3920 Avon Rd., Plainfield, In. 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) Illinois License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Robert Eugene Hill  
Residence of father (if deceased so state) Brenton, Indiana  
Birthplace of father (State or foreign country) Brenton, Indiana

9. Full maiden name of mother Jane Ellen Brown  
Residence of mother (if deceased so state) Brenton, Indiana  
Birthplace of mother (State or foreign country) Brenton, Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.  
County of

Signed Heather Hill

New Address 3920 Avon Rd., Plainfield, IN 46168

Subscribed and sworn to before me this 11th day of August, 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, HENDRICKS ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed \_\_\_\_\_  
County \_\_\_\_\_ Court by written order issued \_\_\_\_\_  
in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 August, 1982 authorizing the joining together as husband and wife of Bruce Richard White and Heather Hill  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Charles J. Hill hereby certify that on the 21 day of August, 1982, at Brenton, County of Howard, State of Indiana, Groom Bruce Richard White of Hendricks County, State of Ind. and, Bride Heather Christine Hill of Hendricks County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 21 day of August, 1982.

Signed Charles Hill

Official Designation County Clerk, 1982

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
**HENDRICKS** County

No. 421  
File \_\_\_\_\_  
Date of Application 8-12-82

**MALE**  
Medical Examination Report Dated 8-3-82  
Name of Physician Iving Cohen

**FEMALE**  
Medical Examination Report Dated 8-4-82  
Name of Physician Iving 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 Patrick W. Mitchell  
Date of Birth 7/6/1953  
Place of Birth (State or foreign country) Grand Rapids, Michigan  
Residence Address 266 Arrowline, P.O. Box, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License w/p

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.  
8. Full name of father Thomas James Mitchell  
Residence of father (if deceased so state) Indianapolis, Ind.  
Birthplace of father (State or foreign country) New Jersey  
9. Full maiden name of mother Beverly Jean Boyle  
Residence of mother (if deceased so state) Indianapolis, Ind.  
Birthplace of mother (State or foreign country) Indiana  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Patrick W. Mitchell  
New Address 231 Gibbs Rd, Danville Ind  
Subscribed and sworn to before me this 12 day of August, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Joanne L. Nellinger  
Date of Birth 8/22/1949  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address 2332 2nd St., P.O. Box, Ind.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ 1979 - Kentucky  
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 Walter James Gibbs II  
Residence of father (if deceased so state) Indianapolis, Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Eleanor Jean Yoder  
Residence of mother (if deceased so state) Indianapolis, Ind.  
Birthplace of mother (State or foreign country) Penn.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Joanne L. Nellinger  
New Address same  
Subscribed and sworn to before me this 12 day of August, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 16th day of Aug, 1982, authorizing the joining together as husband and wife Patrick W. Mitchell and Joanne L. Nellinger.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Richard Zore hereby certify that on the 24 day of August, one thousand nine hundred and 82 at Plainfield, County of Hendricks, State of Indiana, Groom Patrick W. Mitchell of Hendricks County, State of Ind and, Bride Joanne L. Nellinger of Hendricks County, State of Ind were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 16 day of August, 1982.

Signed Richard Zore  
Official Designation President  
Filed and recorded in accordance with the laws of the State of Indiana this 24 day of August, 1982.  
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 488  
File  
August 13, 1982  
Date of Application

MALE  
Medical Examination Report Dated July 22, 1982  
Name of Physician Neely

FEMALE  
Medical Examination Report Dated July 22, 1982  
Name of Physician Kerlin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last  
JAMES T. Bartley  
Date of Birth Month Day Year  
July 21 1963  
Place of Birth (State or foreign country)  
Indiana  
Residence Address Street or R. R. City County State  
10909 W. Rockville Indianapolis Hendricks IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 E. Bartley  
Residence of father (if deceased so state): Indiana  
Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Alice Jean Cummings  
Residence of mother (if deceased so state): Indiana  
Birthplace of mother (State or foreign country): Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of

Signed James T. Bartley  
New Address 1320 N. Delaware Indpls IN 46202

Subscribed and sworn to before me this 13 day of August 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, Hendricks } ss:  
County of

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

FEMALE APPLICANT

Name First Middle Last  
Caroline Adams  
Date of Birth Month Day Year  
November 7 1962  
Place of Birth (State or foreign country)  
Indiana  
Residence Address Street or R. R. City County State  
839 W. Morris Plainfield Hendricks IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Glenn Adams  
Residence of father (if deceased so state): Indiana  
Birthplace of father (State or foreign country): Kentucky

9. Full maiden name of mother: Dorothy Jean Wright  
Residence of mother (if deceased so state): Indiana  
Birthplace of mother (State or foreign country): Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Caroline Adams  
New Address 1320 N. Delaware Indpls IN 46202

Subscribed and sworn to before me this 13 day of August 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, Hendricks } ss:  
County of

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed \_\_\_\_\_  
County \_\_\_\_\_ Court by written order issued \_\_\_\_\_

in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Hendricks Circuit Court  
of Indiana dated the 17 day of August 1982, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, William P. Hendricks, hereby certify that on the 4 day of Sept

one thousand nine hundred and 82, at Washington Township, County of Hendricks,  
State of Indiana, Groom James T. Bartley, of Hendricks,  
and, Bride Caroline Adams, 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 Aug., 1982. Signed William P. Hendricks  
Official Designation \_\_\_\_\_ 14 day of Sept 1982 Clerk  
Signed Mary Jane Russell Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 423  
File 8-13-82  
Date of Application

MALE  
Medical Examination Report Dated 8-12-82  
Name of Physician Scudder

FEMALE  
Medical Examination Report Dated 8-12-82  
Name of Physician Scudder

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

## MALE APPLICANT

Name Edward Albert Brill  
Date of Birth 7 6 1958  
Place of Birth (State or foreign country) Indianapolis Ind.  
Residence Address 995 E 1000 N. Burg Ind. Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.  
Same ->

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒  
If answer is "yes", it is required that this Application be 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 Albert Brill  
Residence of father (if deceased so state) Burg Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Esther Louise Duncan  
Residence of mother (if deceased so state) Burg Ind.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Edward A. Brill Jr.  
New Address 9905 E 1000 N

Subscribed and sworn to before me this 13 day of August, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name Regina Dawn Portwood  
Date of Birth 1 8 1960  
Place of Birth (State or foreign country) San Antonio Texas  
Residence Address 436 E. Moore Ind. Marion Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.  
Edward Albert Portwood

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Jack Portwood  
Residence of father (if deceased so state) Seattle Wash.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Quida Ann Ward  
Residence of mother (if deceased so state) Deceased  
Birthplace of mother (State or foreign country) Texas

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Dawn Portwood  
New Address 9905 E 1000 N

Subscribed and sworn to before me this 13 day of August, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 August, 1982, authorizing the joining together as husband and wife of Edward Albert Brill and Regina Dawn Portwood.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, John C. Mowrer, hereby certify that on the 20 day of August, 1982, at Danville, County of Hendricks, State of Ind., one thousand nine hundred and 82, Groom Edward Albert Brill and, Bride Regina Dawn Portwood of Hendricks County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 20 day of August, 1982.

Signed John C. Mowrer

Official Designation Judge  
23 day of August, 1982

Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 424  
File  
8-13-82  
Date of Application

543

MALE  
Medical Examination Report Dated 8-2-82  
Name of Physician *Clunie Lascke*

FEMALE  
Medical Examination Report Dated 8-5-82  
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 *Paul L. Goins*  
Date of Birth *3 5 1951*  
Place of Birth (State or foreign country) *Indianapolis, Indiana*  
Residence Address *2230 E. 113th Ave., Tampa, 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) *Driver's License*

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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 Lee Goins*  
Residence of father (if deceased so state) *Bea, Florida*  
Birthplace of father (State or foreign country) *Tennessee*  
9. Full maiden name of mother *Helen Marie Kershaw*  
Residence of mother (if deceased so state) *Tampa, Florida*  
Birthplace of mother (State or foreign country) *Indiana*

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed *Paul L. Goins*  
New Address *2230 E. 113th Ave Tampa, FL*  
Subscribed and sworn to before me this *13th* day of *August*, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

FEMALE APPLICANT

Name *Lara L. Cody*  
Date of Birth *8 14 1953*  
Place of Birth (State or foreign country) *Indianapolis, Indiana*  
Residence Address *5028 Demans Drive*  
Previous Marital Status *Never Married* OR  
Last Marriage Ended By *Death* ☐ Divorce ☐ Annulment ☐  
Date of birth verified by ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) *Driver's License*

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father *Wilfred Felix Cody*  
Residence of father (if deceased so state) *New Winchester, Ind.*  
Birthplace of father (State or foreign country) *Illinois*  
9. Full maiden name of mother *Iris Leone Simpson*  
Residence of mother (if deceased so state) *New Winchester, Ind.*  
Birthplace of mother (State or foreign country) *Minnesota*

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed *Lara L. Cody*  
New Address *2230 E. 113th Ave Tampa, FL*  
Subscribed and sworn to before me this *13th* day of *August*, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed in \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_

\_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the *20th* day of *August*, 19*82*, authorizing the joining together as husband and wife of *PAUL L. GOINS* and *LARA L. CODY*.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, *WILLIAM A. PAPPANO*, hereby certify that on the *11th* day of *SEPTEMBER*, 19*82*, at *BROWNSBURG*, County of *HENDRICKS*, State of *INDIANA*, one thousand nine hundred and *82*, of *HILLSBOROUGH*, County, State of *FLORIDA*, and, Bride *LARA L. CODY*, 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 *11th* day of *SEPTEMBER*, 19*82*.

Signed *WILLIAM A. PAPPANO*  
Official Designation *CATHOLIC PRIEST*  
10th day of *MAY*, 19*89*  
Signed *Clunie Lascke* Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 425  
File 8-13-80  
Date of Application

MALE  
Medical Examination Report Dated 8-3-82  
Name of Physician Olvey

FEMALE  
Medical Examination Report Dated 8-3-82  
Name of Physician Olvey

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

**MALE APPLICANT**

Name Steven Guy Dyer  
Date of Birth Nov 27 1958  
Place of Birth (State or foreign country) Indpls  
Residence Address 22 Leroy Rd Burg Ind  
Previous Marital 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 James Guy Dyer  
Residence of father (if deceased so state) Burg  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Barbara Jean Brewer  
Residence of mother (if deceased so state) Burg  
Birthplace of mother (State or foreign country) Indiana  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Steven G. Dyer  
New Address 3329 Ashley Ln, Indpls  
Subscribed and sworn to before me this 13 day of April, 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, HENDRICKS } ss:  
County of HENDRICKS  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Susan Emily Braun  
Date of Birth April 6 1960  
Place of Birth (State or foreign country) San Rafael California  
Residence Address 4125 Stearns Indpls Marion Ind  
Previous Marital 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 Cleo George Braun  
Residence of father (if deceased so state) Indpls  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Helena Mary Domzalski  
Residence of mother (if deceased so state) Indpls  
Birthplace of mother (State or foreign country) Mass  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Susan E. Braun  
New Address 3329 Ashley Ln, Indpls 46224  
Subscribed and sworn to before me this 13 day of April, 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, HENDRICKS } ss:  
County of HENDRICKS  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 August, 1982, authorizing the joining together as husband and wife of Steven Guy Dyer and Susan Emily Braun.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Warren C. Dabor hereby certify that on the 28 day of Aug,  
one thousand nine hundred and 82 at Indpls, County of Hendricks,  
State of Indiana, Groom Steven Guy Dyer of Hendricks County, State of Ind,  
and, Bride Susan Emily Braun of Marion County, State of Ind,  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 28 day of Aug, 1982.

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1982.

Signed Warren C. Dabor  
Official Designation Pastor  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

RE-MARRIAGE  
STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 426

File

545

MALE

Medical Examination Report Dated 8-10-82

Name of Physician Clark

FEMALE

Medical Examination Report Dated 8-10-82

Name of Physician 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 Roger Phillips  
Date of Birth 2 1 1954  
Place of Birth (State or foreign country) Whitley City, Ky  
Residence Address RR 8 Box 376C Indpls Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers license

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐

6. List the full names of any dependent children:  
Brian Scott Phillips  
Stacy Elaine Phillips

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: O. B. O'Be Phillips

Residence of father (if deceased so state): Whitley City Ky.

Birthplace of father (State or foreign country): Whitley City Ky.

9. Full maiden name of mother: Gladys J. Ocker

Residence of mother (if deceased so state): Whitley City Ky.

Birthplace of mother (State or foreign country): Whitley City Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given

County of HENDRICKS in this application is true and correct.

Signed Roger Phillips

New Address: 211 North Shelol Rd Indpls

Subscribed and sworn to before me this 8 day of Aug, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

FEMALE APPLICANT

Name Janice Phillips  
Date of Birth 2 10 1955  
Place of Birth (State or foreign country) Indpls Ind  
Residence Address RR 8 Box 376C Indpls Ind

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers license

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- 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: Lawson G. McCommon

Residence of father (if deceased so state): Indpls Ind

Birthplace of father (State or foreign country): Indpls Ind

9. Full maiden name of mother: Betty Jo Price

Residence of mother (if deceased so state): Indpls Ind

Birthplace of mother (State or foreign country): Indpls Ind

State of Indiana, HENDRICKS } ss: I depose and state the information given

County of HENDRICKS in this application is true and correct.

Signed Janice Elaine Phillips

New Address: 211 North Shelol Rd

Subscribed and sworn to before me this 8 day of Aug, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed \_\_\_\_\_

County \_\_\_\_\_ Court by written order issued \_\_\_\_\_

in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_

of Indiana dated the 17 day of Aug, 1982, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Mary Jane Russell hereby certify that on the 17 day of August

one thousand nine hundred and 82 at Indpls County of Hendricks

State of Indiana, Groom Roger Phillips of Hendricks County, State of Ind

and, Bride Janice E. Phillips 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 August, 1982.

Signed Mary Jane Russell

Official Designation: Clerk August, 1982

Signed Mary Jane Russell Clerk

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_

HENDRICKS Circuit Court



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 33-1-5-2  
Effective July 1, 1937

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 427  
File \_\_\_\_\_  
Date of Application Aug. 18, 1982

MALE  
Medical Examination Report Dated 8-13-82  
Name of Physician A. H. Scudder

FEMALE  
Medical Examination Report Dated 8-13-82  
Name of Physician A. H. Scudder

ALL QUESTIONS MUST BE ANSWERED. It is a misdemeanor for any person to procure the issuance of a license to marry by any false statement, representation or pretense.

MALE APPLICANT

Name First John Middle Joseph Last Ramsey  
Date of Birth Month 04 Day 26 Year 1950  
Place of Birth (State or foreign country) Ind.  
Residence Address Street or R. R. Box 324 E Clayton County Ind.  
Previous Marital Status Never Married ☐ OR  
Last Marriage Ended By Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify):

Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
Are you afflicted with a transmissible disease? No ☒ Yes ☐  
Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
List the full names of any dependent children:

John Joseph Ramsey Jr.  
Douglas Lloyd Ramsey

Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

Full name of father: Henry J. Ramsey  
Residence of father (if deceased so state): Danville, Ind.  
Birthplace of father (State or foreign country): Ind.

Full maiden name of mother: Mary D. Mandabach  
Residence of mother (if deceased so state): Danville, Ind.  
Birthplace of mother (State or foreign country): Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John J. Ramsey  
New Address RR 3 Box 324 E Clayton Ind.

Subscribed and sworn to before me this 13 day of Aug, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

STATE 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 \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court dated the 18 day of October, 1982 authorizing the joining together as husband and wife of Joseph Ramsey and Anita Mae Von Burg.

and now remembered, the following marriage certificate was filed in my office, to-wit:

John C. Weaver hereby certify that on the 18 day of Oct, 1982 at Danville, County of Hendricks, Indiana, County, State of Ind.

and now remembered, the following marriage certificate was filed in my office, to-wit:

Anita Mae Von Burg at Hendricks, County, State of Ind.

and now remembered, the following marriage certificate was filed in my office, to-wit:

and now remembered, the following marriage certificate was filed in my office, to-wit:

and now remembered, the following marriage certificate was filed in my office, to-wit:

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1982.

Signed John C. Weaver  
Official Designation Judge  
Subscribed and sworn to before me this 18 day of Oct, 1982  
Mary Jane Russell Clerk HENDRICKS Circuit Court



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 427  
File Aug. 18, 1982  
Date of Application

STATE OF INDIANA )  
COUNTY OF HENDRICKS ) SS:

IN THE HENDRICKS CIRCUIT COURT  
1982 TERM  
CAUSE NUMBER: 1882-216

IN RE: The Matter of)  
ANITA VONBURG )

ORDER GRANTING PERMISSION TO MARRY

Comes now the Respondent, Anita VonBurg, in person and with counsel, and files her verified Petition for Permission of Court to Marry, said petition being in the following words and figures, to-wit:

(H.I.)

And the Court having been duly advised in the premises now finds it would be in the best interest of the Respondent for the Court to grant permission to marry and such permission is hereby granted.

ALL OF THIS ORDERED this 18 day of Oct, 1982 in the HENDRICKS CIRCUIT COURT, Danville, Indiana.

JUDGE, HENDRICKS CIRCUIT COURT

COPIES:

PROSECUTING ATTORNEY  
KEN A. ELMENDORF

FILED  
IN OPEN COURT

OCT 18 1982

18 OCT  
NO PERMISSION  
FROM GRANDPARENTS  
TO MARRY.

Dated this 18 day of Oct, 1982.

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of Oct, 1982.

Signed John C. Marver  
Official Designation Judge  
Signed Mary Jane Russell  
HENDRICKS Circuit Court

13-82

representation or pretense

Not  
Year  
1965

County State  
Hendricks Ind.

No ☒ Yes ☐  
No ☒ Yes ☐  
No ☒ Yes ☐  
No ☒ Yes ☐  
No ☒ Yes ☐  
No ☒ Yes ☐

No ☐ Yes ☐

satisfactory proof that you are in

Burg

Bernhardt

state the information given  
is true and correct.

Burg  
24 E Clayton  
Aug. 1982

HENDRICKS Circuit Court

Marriage. If only one parent

necessary

Father

Mother

19

Clerk

ve named parties, the  
and filed

Circuit Court

as husband and wife

Hendricks  
Ind.  
Hendricks



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 488

File  
8-17-82  
Date of Application

MALE  
Medical Examination Report Dated 8-20-82  
Name of Physician *Rosa Kourany*

FEMALE  
Medical Examination Report Dated 8-17-82  
Name of Physician *O. Kourany 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 *Dennis* *Will*  
Date of Birth *8* *25* *1959*  
Place of Birth (State or foreign country) *Day City Texas*  
Residence Address *Box 138 OBO Arkadelphia Clark Ark.*  
Previous Marital Status Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Fredric Wells*  
Residence of father (if deceased so state) *Benton Ark*  
Birthplace of father (State or foreign country) *Arkansas*  
9. Full maiden name of mother *Nerva Mae Walker*  
Residence of mother (if deceased so state) *Benton Ark*  
Birthplace of mother (State or foreign country) *Arkansas*

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed *Dennis Will*

New Address *OBO PO Box 138 Arkadelphia AR 71923*

Subscribed and sworn to before me this *20* day of *Aug*, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

FEMALE APPLICANT

Name *Susan* *Reel*  
Date of Birth *8* *16* *1960*  
Place of Birth (State or foreign country) *Missouri*  
Residence Address *1011 Kirkwood Plainfield, Ind*  
Previous Marital Status Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Reel*  
Residence of father (if deceased so state) *Plainfield, Ind*  
Birthplace of father (State or foreign country) *Ind*  
9. Full maiden name of mother *Sandra Yarbrough*  
Residence of mother (if deceased so state) *Plainfield, Ind*  
Birthplace of mother (State or foreign country) *Missouri*

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed *Susan Reel*

New Address *OBO PO Box 138 Arkadelphia AR 71923*

Subscribed and sworn to before me this *17* day of *August*, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed \_\_\_\_\_  
County \_\_\_\_\_ Court by written order issued \_\_\_\_\_  
in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ HENDRICKS Circuit Court  
of Indiana dated the *21* day of *August*, 19*82*, authorizing the joining together as husband and wife  
of *Dennis R. Will* and *Susan R. Reel*  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, *Richard W. Fox*, hereby certify that on the *22* day of *August*, 19*82*,  
at *Plainfield*, County of *Clark*, State of *Arkansas*  
one thousand nine hundred and *82*, of *Clark*, County, State of *Arkansas*  
State of Indiana, Groom *Dennis R. Will* of *Hendricks*  
and, Bride *Susan R. Reel* 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 *22* day of *August*, 19*82*.  
Signed *Richard W. Fox*  
Official Designation *Deputy* \_\_\_\_\_, 19*82*.  
Signed *Mary Jane Russell* Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
**HENDRICKS** County

No. 429  
File Aug 17, 1982  
Date of Application

**MALE**  
Medical Examination Report Dated 8-4-82  
Name of Physician Fred R. Brooks, Md.

**FEMALE**  
Medical Examination Report Dated 8-4-82  
Name of Physician Fred R. Brooks, 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 Daniel First R. Middle Thomas Last  
Date of Birth November Month 1 Day 1956 Year  
Place of Birth (State or foreign country) Indiana  
Residence Address 3236 S. Superior Rd. #4 (West) City Indianapolis 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) Military ID

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Chester M. Thomas

Residence of father (if deceased so state) Bluffton Ind.

Birthplace of father (State or foreign country) Missouri

9. Full maiden name of mother Ruth Eleanor Matye

Residence of mother (if deceased so state) Bluffton Ind.

Birthplace of mother (State or foreign country) Missouri

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Daniel R. Thomas

New Address 3236 S. Superior Rd. #4 Indianapolis

Subscribed and sworn to before me this 17 day of August, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Dianne First M. Middle Sparks Last  
Date of Birth March Month 12 Day 1942 Year  
Place of Birth (State or foreign country) Indiana  
Residence Address 3236 S. Superior Rd. #1 (West) City Indianapolis 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) Divorce decree - pretor

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Norman S. Madenwald

Residence of father (if deceased so state) deceased

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Letha B. Floyd

Residence of mother (if deceased so state) Indianapolis Ind.

Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Dianne Marie Sparks

New Address 3236 S. Superior Rd. #1 Indianapolis

Subscribed and sworn to before me this 17 day of August, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23 day of Aug, 1982, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Juliel D. Henderson hereby certify that on the 27 day of August, 1982, at Your Prayer Chapel, County of Hendricks,

one thousand nine hundred and 82 State of Indiana, Groom Daniel R. Thomas of Hendricks County, State of Ind.

and, Bride Dianne Marie Sparks of Hendricks County, State of Ind.

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 27 day of August, 1982.

Signed Juliel D. Henderson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of Sept, 1982.

Signed Mary Jane Russell

HENDRICKS Clerk

Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

549

No. 430  
File August 18, 1980  
Date of Application

MALE  
Medical Examination Report Dated 8-5-82  
Name of Physician Edwards

FEMALE  
Medical Examination Report Dated 8-6-82  
Name of Physician 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 Ronald Eugene McDonald  
Date of Birth January 4, 1957  
Place of Birth Indiana  
Residence Address 202 Argyle Drive Plainfield Hendricks IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Walter E. McDonald  
Residence of father (if deceased so state) Speedway, IN  
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Leona Hicks  
Residence of mother (if deceased so state) Speedway, IN  
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ronald McDonald

New Address 202 Argyle Dr. Plainfield, IN

Subscribed and sworn to before me this 18 day of August, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

FEMALE APPLICANT

Name Brenda Ann Hammerle  
Date of Birth August 29, 1957  
Place of Birth Indiana  
Residence Address 442 Elderly Ave. Brownsburg Hendricks IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 D. Hammerle  
Residence of father (if deceased so state) Brownsburg, IN  
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Irma L. Hand  
Residence of mother (if deceased so state) Brownsburg, IN  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Brenda A. Hammerle

New Address 442 Elderly Dr. Plainfield

Subscribed and sworn to before me this 18 day of August, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed in \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_

\_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 25 day of August, 1982, authorizing the joining together as husband and wife of Ronald Eugene McDonald and Brenda Ann Hammerle

Be it further remembered, the following marriage certificate was filed in my office, to-wit: \_\_\_\_\_

I, Stephen J. Malachuk, hereby certify that on the 29 day of August, \_\_\_\_\_ County of Marion

one thousand nine hundred and 82, at Indianapolis \_\_\_\_\_ County, State of Indiana

State of Indiana, Groom Ronald Eugene McDonald of Hendricks \_\_\_\_\_ County, State of Indiana

and, Bride Brenda Ann Hammerle 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 29 day of August, 1982

Signed Stephen J. Malachuk

Official Designation County Clerk, 1982

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
**HENDRICKS** County

No. 431  
File 8-18-82  
Date of Application

**MALE**  
Medical Examination Report Dated 8-6-82  
Name of Physician G. Baker

**FEMALE**  
Medical Examination Report Dated 8-6-82  
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 David Allen Scott  
Date of Birth August 30 1958  
Place of Birth (State or foreign country) Drumville, IN  
Residence Address 13 N. Jefferson Brownsburg, IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers Lic. w/ Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.  
8. Full name of father James Scott  
Residence of father (if deceased so state) deceased  
Birthplace of father (State or foreign country) Mich  
9. Full maiden name of mother Betty Joann Krebs  
Residence of mother (if deceased so state) deceased  
Birthplace of mother (State or foreign country) Indiana  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed David A. Scott  
New Address 13 N. Jefferson St Brownsburg, IN  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
Clerk \_\_\_\_\_

**FEMALE APPLICANT**

Name Cheryl Sue Acres  
Date of Birth Sept. 12 1962  
Place of Birth (State or foreign country) Indianapolis, IN  
Residence Address 13 N. Jefferson Brownsburg, IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.  
8. Full name of father Clayton L. Acres  
Residence of father (if deceased so state) Clayton, IN  
Birthplace of father (State or foreign country) Tenn.  
9. Full maiden name of mother Nelda F. Jacob  
Residence of mother (if deceased so state) Indianapolis  
Birthplace of mother (State or foreign country) Tenn.  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed Cheryl S. Acres  
New Address 13 N. Jefferson St  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
Clerk \_\_\_\_\_

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23 day of August, 1982, authorizing the joining together as husband and wife of David Allen Scott and Cheryl Sue Acres.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Don R. McWilliams hereby certify that on the 28 day of Aug,  
one thousand nine hundred and 82 at Brownsburg, County of Hendricks,  
State of Indiana, Groom David Allen Scott of Hendricks County, State of Ind,  
and, Bride Cheryl Sue Acres of Hendricks County, State of Ind,  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 28 day of August, 1982.

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1982.

Signed Don McWilliams  
Official Designation Minister  
Signed Mary Jane Russell  
HENDRICKS Clerk  
Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

551

No. 432  
File \_\_\_\_\_  
Date of Application 8-18-82

MALE  
Medical Examination Report Dated 8-9-82  
Name of Physician Robert Weaver

FEMALE  
Medical Examination Report Dated 8-9-82  
Name of Physician Robert Weaver

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Thomas Keith Adams  
Date of Birth Dec 19 1958  
Place of Birth (State or foreign country) Ind.  
Residence Address Box 446 Coatesville Ind.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☒ Other (Specify) Dr. License  
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.  
8. Full name of father Wm Albert Adams  
Residence of father (if deceased so state) Putnamville Ind.  
Birthplace of father (State or foreign country) Ind.  
9. Full maiden name of mother Dorothy Hoffman  
Residence of mother (if deceased so state) Putnamville, Ind.  
Birthplace of mother (State or foreign country) Ind.  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Thomas Keith Adams  
New Address Box 446 Coatesville Ind.  
Subscribed and sworn to before me this 18 day of Aug, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk \_\_\_\_\_

FEMALE APPLICANT

Name Brenda Jean Johnson  
Date of Birth Mar 9 1959  
Place of Birth (State or foreign country) Ind.  
Residence Address 119 Main St Coatesville Ind.  
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 Elmer Johnson  
Residence of father (if deceased so state) Coatesville, Ind.  
Birthplace of father (State or foreign country) Ind.  
9. Full maiden name of mother Berta Johnson  
Residence of mother (if deceased so state) Coatesville, Ind.  
Birthplace of mother (State or foreign country) Ind.  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Brenda Johnson  
New Address Box 446 Coatesville Ind.  
Subscribed and sworn to before me this 18 day of Aug, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk \_\_\_\_\_

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed \_\_\_\_\_  
County \_\_\_\_\_ Court by written order issued 3 day waiver  
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 18 day of Aug, 1982, authorizing the joining together as husband and wife of Thomas Keith Adams and Brenda Jean Johnson.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, James A. Jones hereby certify that on the 21 day of August, 1982, at Coatesville County of Hendricks, State of Ind.  
one thousand nine hundred and 82 of Hendricks County, State of Ind.  
State of Indiana, Groom Thomas Keith Adams of Hendricks County, State of Ind.  
and, Bride Brenda Jean Johnson of Hendricks County, State of Ind.  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 21 day of August, 1982.  
Signed James A. Jones  
Official Designation Magistrate, 1982  
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 433  
File \_\_\_\_\_  
Date of Application 8-18-82

MALE  
Medical Examination Report Dated 8-13-82  
Name of Physician Thomas J. Moretto, M.D.

FEMALE  
Medical Examination Report Dated 8-17-82  
Name of Physician Thomas J. Moretto, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

## MALE APPLICANT

Name First Jerry Middle Suppitt Last Suppitt  
Date of Birth Month 6 Day 7 Year 1947  
Place of Birth (State or foreign country) Salakala, Ohio  
Residence Address 10153 N. 1000 E, Brownsburg, In.  
Previous Marital Status: Never Married ☐ OR ☒  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐

6. List the full names of any dependent children:  
Christopher Suppitt  
Brian Suppitt  
Rachel Suppitt

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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 Cornue Suppitt  
Residence of father (if deceased so state) Indianapolis, In.

Birthplace of father (State or foreign country) Grandville, Ohio

9. Full maiden name of mother: Mary Jane Barab  
Residence of mother (if deceased so state) Indianapolis, In.

Birthplace of mother (State or foreign country) Indianapolis, In.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jerry C. Griffith  
New Address 10153 N. 1000 E

Subscribed and sworn to before me this 18th day of August, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

## FEMALE APPLICANT

Name First Loren Middle Kahler Last Kahler  
Date of Birth Month 10 Day 6 Year 1945  
Place of Birth (State or foreign country) Ellettsville, Indiana  
Residence Address 10153 N. 1000 E, Brownsburg, In.  
Previous Marital Status: Never Married ☒ OR ☐  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐

6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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 Leslie Kahler  
Residence of father (if deceased so state) Ellettsville, Indiana

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother: Marcas Owen Coble  
Residence of mother (if deceased so state) Ellettsville, Indiana

Birthplace of mother (State or foreign country) Rockfield, Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Loren Kahler  
New Address 10153 North 1000 East

Subscribed and sworn to before me this 18th day of August, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24th day of August, 1982, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Daniel L. French, hereby certify that on the 29th day of August, 1982, at Indianapolis, County of Marion, State of Indiana, Groom Jerry Cornell Suppitt and Bride Loren Louise Kahler 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 29th day of August, 1982.

Signed Daniel L. French

Official Designation Minister

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1982.



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

553

No. 434  
File  
Date of Application Aug 18, 1982

MALE  
Medical Examination Report Dated 8-11-82  
Name of Physician Robert W. Ogil

FEMALE  
Medical Examination Report Dated 8-11-82  
Name of Physician Robert W. Ogil

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Last  
Date of Birth Month Day Year  
Place of Birth (State or foreign country)  
Residence Address Street or R. R. City County State  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) divorced (separated)  
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.  
8. Full name of father: Donald K. Ritter  
Residence of father (if deceased so state): Indianapolis, Ind.  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Janice Wagner  
Residence of mother (if deceased so state): Indianapolis, Ind.  
Birthplace of mother (State or foreign country): Indiana  
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS

Signed Ray A. Ritter  
New Address 51 Purpura Dr. Danville, Ind.  
Subscribed and sworn to before me this 18 day of August, 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, HENDRICKS ss:  
County of HENDRICKS  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

FEMALE APPLICANT

Name First Middle Last  
Date of Birth Month Day Year  
Place of Birth (State or foreign country)  
Residence Address Street or R. R. City County State  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) divorced (separated)  
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐  
4. Are you now under the influence of intoxicating liquor? 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 E. Loyd Jr.  
Matthew J. Loyd

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 J. Lauch  
Residence of father (if deceased so state): Martinsville, Ind.  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Margaret Ann Tigner  
Residence of mother (if deceased so state): Martinsville, Ind.  
Birthplace of mother (State or foreign country): Indiana  
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS

Signed Kathleen M. Loyd  
New Address 51 Purpura Dr. Danville, Ind.  
Subscribed and sworn to before me this 18 day of August, 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, HENDRICKS ss:  
County of HENDRICKS  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed \_\_\_\_\_ in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of HENDRICKS County, Indiana, dated the 18 day of August, 1982, authorizing the joining together as husband and wife of Ray A. Ritter and Kathleen M. Loyd.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Mims Roberts, hereby certify that on the 21 day of August, 1982, at Hendricks County, State of Ind.  
one thousand nine hundred and 82, of Hendricks County, State of Ind.  
State of Indiana, Groom: Ray A. Ritter of Hendricks County, State of Ind.  
and, Bride: Kathleen M. Loyd 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 21 day of August, 1982.  
Signed Mims Roberts  
Official Designation Registrar, 1982  
Signed Mary Jane Russell  
Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-5-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 435  
File 8-18-82  
Date of Application

MALE  
Medical Examination Report Dated 8-17-82  
Name of Physician G. Monroe

FEMALE  
Medical Examination Report Dated 8-17-82  
Name of Physician G. Monroe

ALL QUESTIONS MUST BE ANSWERED I.C. 31-1-5-4 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

## MALE APPLICANT

Name Jimmy L. Carlton  
Date of Birth April 17 1952  
Place of Birth (State or foreign country) Deborah, Ind.  
Residence Address RR #3 Box 111 Danville Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Driver's Lic. w/Pic

- Are you now or have you ever been adjudged to be of unsound mind?  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children:  
Angel Carlton 9  
Macey Carlton 6

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Carole Rayford Carlton  
Residence of father (if deceased so state): Danville, Ind.

Birthplace of father (State or foreign country): Ind.

9. Full maiden name of mother: Norma Whitaker  
Residence of mother (if deceased so state): Danville, Ind.

Birthplace of mother (State or foreign country): Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Jimmy L. Carlton

New Address RR 3 Box 111 Danville

Subscribed and sworn to before me this 18th day of Aug, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

## FEMALE APPLICANT

Name Deborah J. Holmes  
Date of Birth August 7 1957  
Place of Birth (State or foreign country) Clarkston, S.C.  
Residence Address 314 S. Grant St. Brownsburg Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Driver's Lic. w/Pic

- Are you now or have you ever been adjudged to be of unsound mind?  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children:  
Michael Fautsch 6  
Max Holmes 3

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Robert Earl Keen  
Residence of father (if deceased so state): Brownsburg, Ind.

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Donna Stevenson  
Residence of mother (if deceased so state): Brownsburg, Ind.

Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Deborah Holmes

New Address RR 3 Box 111 Danville

Subscribed and sworn to before me this 18th day of August, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24 day of Aug, 1982 authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Mary Jane Russell hereby certify that on the 24 day of August, 1982 at Danville, County of Hendricks, State of Ind.

one thousand nine hundred and 82 of Hendricks County, State of Ind.

and, Bride Deborah J. Holmes 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 24 day of August, 1982.

Signed Mary Jane Russell

Official Designation Clerk

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1982.



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 436  
File \_\_\_\_\_  
Date of Application 8-19-82

MALE  
Medical Examination Report Dated 8-8-82  
Name of Physician Reitz

FEMALE  
Medical Examination Report Dated 8-10-82  
Name of Physician Reitz

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

**MALE APPLICANT**

Name Michael L Rohlman  
Date of Birth 10 6 1954  
Place of Birth (State or foreign country) Cumberland Co. N. Carol.  
Residence Address 1029 Norman Dr B'burg Ind.  
Previous Marital 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.  
Brook Marie Rohlman

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒  
If answer is "yes", it is required that this Application be 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 Louis Rohlman  
Residence of father (if deceased so state) Indpls Ind.  
Birthplace of father (State or foreign country) Indpls Ind.

9. Full maiden name of mother Lilly Rose Wides  
Residence of mother (if deceased so state) Indpls Ind.  
Birthplace of mother (State or foreign country) Indpls Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Michael Rohlman  
New Address same

Subscribed and sworn to before me this 19 day of Aug, 1982  
Mary Jane Russell Clerk HENDRICKS Circuit Court

**FEMALE APPLICANT**

Name Patty S Zeronik  
Date of Birth 8 8 1948  
Place of Birth (State or foreign country) Indpls Ind.  
Residence Address 1029 Norman Dr B'burg Ind.  
Previous Marital 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.  
Lee Ann Chappell  
Gregory Michael Chappell

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Edwin Madson  
Residence of father (if deceased so state) Frankfort Indiana  
Birthplace of father (State or foreign country) Frankfort Ind.

9. Full maiden name of mother Theresa Elizabeth Biddinger  
Residence of mother (if deceased so state) Indpls Ind.  
Birthplace of mother (State or foreign country) Columbus Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Patricia S. Zeronik  
New Address same

Subscribed and sworn to before me this 19 day of Aug, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed \_\_\_\_\_  
County \_\_\_\_\_ Court by written order issued \_\_\_\_\_  
in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24 day of Aug, 1982, authorizing the joining together as husband and wife of Michael J. Rohlman and Patty S. Zeronik.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit: 24 day of August, County of Madison, State of Ind,  
I, Andrew P. Crowley, hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, County, State of \_\_\_\_\_  
one thousand nine hundred and 82, at Indpls Ind. County, State of Ind,  
State of Indiana, Groom Michael J. Rohlman of Hendricks  
and, Bride Patty S. Zeronik 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 24 day of August, 1982.  
Signed Andrew P. Crowley  
Official Designation Minister, 1982 Clerk  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 437  
File 8-19-82  
Date of Application

MALE  
Medical Examination Report Dated 8-17-82  
Name of Physician Dascoli

FEMALE  
Medical Examination Report Dated 8-17-82  
Name of Physician 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 Ronald Frank Griffin  
Date of Birth October 18 1945  
Place of Birth (State or foreign country) Greenville, S.C.  
Residence Address 110 Westbourne Dr. B'burg Hend In  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers lic

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Griffin  
Residence of father (if deceased so state): Taylor, S.C.  
Birthplace of father (State or foreign country): S.C.  
9. Full maiden name of mother: Bernice Keith  
Residence of mother (if deceased so state): Taylor, S.C.  
Birthplace of mother (State or foreign country): S.C.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Ronald F. Griffin

New Address 525 E. Broadway, Denville

Subscribed and sworn to before me this 19 day of August, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
\_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name Linda Lee Bryant  
Date of Birth July 30 1953  
Place of Birth (State or foreign country) Indpls  
Residence Address 525 E. Broadway D'ville Hend In  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers lic

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Charles H. Bryant  
Residence of father (if deceased so state): deceased  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Mable Elizabeth Cox  
Residence of mother (if deceased so state): Denville  
Birthplace of mother (State or foreign country): Kansas

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Linda Lee Bryant

New Address 525 E. Broadway, Denville

Subscribed and sworn to before me this 19 day of August, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23 day of August, 1982, authorizing the joining together as husband and wife of Ronald Frank Griffin and Linda Lee Bryant.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Kurt A. Young, hereby certify that on the 27 day of August, 1982, at Denville, County of Hendricks, State of Indiana, Groom Ronald Frank Griffin of Hendricks County, State of Ind and, Bride Linda Lee Bryant of Hendricks County, State of Ind were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 27 day of Aug, 1982.

Signed Kurt A. Young

Official Designation Judge Pres. Term

Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1982.



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 438  
File 8-19-82  
Date of Application

MALE  
Medical Examination Report Dated 8-18-82  
Name of Physician Thomas C. Alascoli

FEMALE  
Medical Examination Report Dated 8-18-82  
Name of Physician Thomas C. Alascoli

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Richard Hoyt  
Date of Birth 4/27/1931  
Place of Birth (State or foreign country) Bloomington, Illinois  
Residence Address 2751 Carlham Lane, Indpls., Ind. 46234  
Previous Marital Status Never Married ☐ OR  
Last Marriage Ended By Death ☐ Divorce ☒ Annulment ☐  
Date of birth verified by ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Alumnus License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Perry Elroy Hoyt  
Residence of father (if deceased so state): deceased  
Birthplace of father (State or foreign country): Alcatraz, Illinois  
9. Full maiden name of mother: Velma Louise Estelle  
Residence of mother (if deceased so state): Tivoli, Indiana  
Birthplace of mother (State or foreign country): Blue Mound, Illinois

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Richard S. Hoyt  
New Address 2751 Carlham Lane, Indpls., Ind. 46231  
Subscribed and sworn to before me this 19th day of August, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

FEMALE APPLICANT

Name Charlene Patton  
Date of Birth 4/18/1946  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address 2751 Carlham Lane, Indianapolis, Ind. 46234  
Previous Marital Status Never Married ☐ OR  
Last Marriage Ended By Death ☐ Divorce ☒ Annulment ☐  
Date of birth verified by ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Alumnus License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

Alana Michael Patton  
Theresa Michael Patton

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Alana Carl Baker  
Residence of father (if deceased so state): Indianapolis, Indiana  
Birthplace of father (State or foreign country): Richmond, Indiana  
9. Full maiden name of mother: Mary Jane Christine Sigmund  
Residence of mother (if deceased so state): Indianapolis, Ind.  
Birthplace of mother (State or foreign country): Terre Haute, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Charlene B. Patton  
New Address 2751 Carlham Lane, Indpls., Ind. 46231  
Subscribed and sworn to before me this 19th day of August, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed \_\_\_\_\_  
County \_\_\_\_\_ Court by written order issued \_\_\_\_\_  
in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 25th day of August, 1982, authorizing the joining together as husband and wife of Richard S. Hoyt and Charlene Patton.

Be it further remembered, the following marriage certificate was filed in my office, to-wit: \_\_\_\_\_ hereby certify that on the 27th day of August, 1982, at Indianapolis, Indiana, County of Hendricks, State of Indiana, Groom Richard S. Hoyt and, Bride Charlene B. Patton, 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 25th day of August, 1982. Signed Paul M. Baker  
Official Designation \_\_\_\_\_, 1982. Clerk

Signed Mary Jane Russell  
Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1982. Clerk HENDRICKS Circuit Court



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
**HENDRICKS** County

No. 439  
File 8-19-82  
Date of Application

**MALE**  
Medical Examination Report Dated 8-17-82  
Name of Physician David M. Hadley, M.D.

**FEMALE**  
Medical Examination Report Dated 8-17-82  
Name of Physician David M. Hadley, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

**MALE APPLICANT**

Name Russell W. Fairfield  
Date of Birth 7 Month 29 Day 1959 Year  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address 225 Holiday Dr., Plainfield, Ind. 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) Arms Science

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Allen Fairfield  
Residence of father (if deceased so state) Plainfield, Ind.  
Birthplace of father (State or foreign country) Crawfordsville, Ind.  
9. Full maiden name of mother Rose Ellen Oberchain  
Residence of mother (if deceased so state) Plainfield, Indiana  
Birthplace of mother (State or foreign country) Crawfordsville, Ind.  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS

Signed Russell W. Fairfield  
New Address 4525 Pine Hollow Ct., #181, Indpls. IN 46254

Subscribed and sworn to before me this 19th day of August, 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, HENDRICKS } ss:  
County of HENDRICKS

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Leslie B. Thompson  
Date of Birth 8 Month 28 Day 1962 Year  
Place of Birth (State or foreign country) Blue Ridge, Texas  
Residence Address R.R. #2, Box 309A, Clayton, Ind. 46118  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Thompson  
Residence of father (if deceased so state) Clayton, Indiana  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Barbara Dye Fredrick  
Residence of mother (if deceased so state) Clayton, Ind.  
Birthplace of mother (State or foreign country) Kentucky  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS

Signed Leslie B. Thompson  
New Address 4525 Pine Hollow Ct., #181, Indpls. IN 46254

Subscribed and sworn to before me this 19th day of August, 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, HENDRICKS } ss:  
County of HENDRICKS

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 27th day of Aug, 1982, authorizing the joining together as husband and wife of Russell W. Fairfield and Leslie B. Thompson.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Dewey G. Shackleton hereby certify that on the 11 day of September, one thousand nine hundred and eighty-two at Plainfield, County of Hendricks, State of Indiana, Groom Russell W. Fairfield of Hendricks County, State of Indiana, and, Bride Leslie Thompson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 11 day of September, 1982.

Signed Dewey G. Shackleton  
Official Designation Minister of the Gospel  
Signed Mary Jane Russell  
Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of September, 1982.



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

559

No. 440

File

8-20-82  
Date of Application

MALE  
Medical Examination Report Dated 7-14-82  
Name of Physician Brauer

FEMALE  
Medical Examination Report Dated 8-14-82  
Name of Physician Brauer

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Robert Last Vondersaar  
Date of Birth Month 12 Day 24 Year 1955  
Place of Birth (State or foreign country) Indianapolis Ind.  
Residence Address 10009 W. 56th St. City Indpls. County Hendr. State Ind.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree  
☒ Other (Specify) 1

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.  
Taryn Leigh Vondersaar

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒  
If answer is "yes", it is required that this Application be 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 Willard Vondersaar  
Residence of father (if deceased so state): Indpls. Ind.  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Janet, Mrs. Comly  
Residence of mother (if deceased so state): Indpls. Ind.  
Birthplace of mother (State or foreign country): Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of Hendricks

Signed: John Robert Vondersaar

New Address: 10009 W. 56th St. Indpls. 46234

Subscribed and sworn to before me this 20 day of Aug, 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, Hendricks } ss:  
County of Hendricks

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1982  
Clerk

FEMALE APPLICANT

Name First Nancy Middle Joanna Last Martin  
Date of Birth Month 8 Day 3 Year 1957  
Place of Birth (State or foreign country) Camby Ind.  
Residence Address RR2 Box 67 City Camby. 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.  
Brandy Nicole Martin

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Henry Charles Leguster  
Residence of father (if deceased so state): Camby, Ind.  
Birthplace of father (State or foreign country): Wisconsin  
9. Full maiden name of mother: Donna Joanne Decker  
Residence of mother (if deceased so state): Camby Ind.  
Birthplace of mother (State or foreign country): Illinois

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of Hendricks

Signed: Nancy J. Martin

New Address: 10009 W. 56th Street Indpls. IN 46234

Subscribed and sworn to before me this 20 day of Aug, 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, Hendricks } ss:  
County of Hendricks

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1982  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed \_\_\_\_\_  
County \_\_\_\_\_ Court by written order issued \_\_\_\_\_  
in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
HENDRICKS

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_, 1982, authorizing the joining together as husband and wife of Indiana dated the 26 day of Aug, 1982, and Nancy J. Martin  
Be it further remembered, the following marriage certificate was filed in my office, to-wit: \_\_\_\_\_  
I, M. Walter Bell, hereby certify that on the 28 day of Aug, 1982, at Indianapolis, County of Hendricks, State of Indiana, Groom John Robert Vondersaar, of Marion County, State of Indiana, and, Bride Nancy J. Martin, of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 28 day of Aug, 1982.

Signed: M. Walter Bell  
Official Designation: Judge Probate  
day of Sept, 1982  
Signed: Mary Jane Russell Clerk Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
**HENDRICKS** County

No. 441  
File \_\_\_\_\_  
Date of Application 8-20-82

**MALE**  
Medical Examination Report Dated 8-13-82  
Name of Physician Walker

**FEMALE**  
Medical Examination Report Dated 8-13-82  
Name of Physician 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 Edward A. Miles  
Date of Birth Month 3 Day 31 Year 1930  
Place of Birth (State or foreign country) Danville Ind.  
Residence Address 378 W. Clinton City Danville County Neel State Ind.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☒ Other (Specify) Drivers license

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Oliver L. Miles  
Residence of father (if deceased so state) Deceased  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother: Lern G. Arnold  
Residence of mother (if deceased so state) Danville Ind.  
Birthplace of mother (State or foreign country) Pittsboro Ind.  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Edward A. Miles

New Address 403 W. Tilden Brownsville

Subscribed and sworn to before me this 20 day of Aug, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Dorothy E. Kolvet  
Date of Birth Month 12 Day 7 Year 1932  
Place of Birth (State or foreign country) Kentucky  
Residence Address 403 W. Tilden City Burg County Neel State Ind.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☒ Other (Specify) Drivers license

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

Bradford Donald Kolvet  
Mary Ellen Kolvet

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Green W. Bailey  
Residence of father (if deceased so state) Deceased  
Birthplace of father (State or foreign country) Kentucky  
9. Full maiden name of mother: Loanne Francis Coburn  
Residence of mother (if deceased so state) Deceased  
Birthplace of mother (State or foreign country) Kentucky  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Dorothy E. Kolvet

New Address 403 W. Tilden

Subscribed and sworn to before me this 20 day of Aug, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24th day of Aug, 1982, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Wayne A. Groat hereby certify that on the 28 day of August, one thousand nine hundred and eighty-two at Brownsville, County of Hendricks, State of Indiana, Groom Edward A. Miles and, Bride Dorothy E. Kolvet 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 August, 1982

Signed Wayne A. Groat

Official Designation Minister  
day of August, 1982

Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 31 day of August, 1982



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 443  
File  
Date of Application Aug 20, 1982

561

MALE  
Medical Examination Report Dated 8-12-82  
Name of Physician A. D. Soudner MD

FEMALE  
Medical Examination Report Dated 8-12-82  
Name of Physician A. D. Soudner

ALL QUESTIONS MUST BE ANSWERED. IC 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name First Middle Last  
Date of Birth Month Day Year  
Place of Birth (State or foreign country)  
Residence Address Street or R. R. City County State  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License w/p

1. Are you now or have you ever been adjudged to be of unsound mind?  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Clark  
Residence of father (if deceased so state): Linton, In.  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Patricia Jean Welch  
Residence of mother (if deceased so state): Linton, In.  
Birthplace of mother (State or foreign country): Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed: Fred M. Clark

New Address: R.R. Linton, In.

Subscribed and sworn to before me this 20 day of Aug, 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, Hendricks } ss:

Signed

Father

Signed

Mother

Subscribed and sworn to before me this day of 1982  
Clerk

FEMALE APPLICANT

Name First Middle Last  
Date of Birth Month Day Year  
Place of Birth (State or foreign country)  
Residence Address Street or R. R. City County State  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License w/p

1. Are you now or have you ever been adjudged to be of unsound mind?  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Martens  
Residence of father (if deceased so state): Pittsboro, In.  
Birthplace of father (State or foreign country): Ill.  
9. Full maiden name of mother: Mary Jane Garland  
Residence of mother (if deceased so state): Pittsboro, In.  
Birthplace of mother (State or foreign country): Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed: Peggy J. Martens

New Address: R.R. Linton, In.

Subscribed and sworn to before me this 20 day of Aug, 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, Hendricks } ss:

Signed

Father

Signed

Mother

Subscribed and sworn to before me this day of 1982  
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 in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 24 day of Aug, 1982, authorizing the joining together as husband and wife of Jody Michael Clark and Peggy Jo Martens.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit: 28 day of Aug, 1982.  
I, James W. Dawes, hereby certify that on the 28 day of Aug, 1982, at Linton, Hendricks County, State of Indiana, Groom Jody Michael Clark and Bride Peggy Jo Martens 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 Aug, 1982.

Signed: James W. Dawes

Official Designation: Minister, 1982

Signed: Mary Jane Russell

Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 444  
File 8-23-82  
Date of Application

## MALE

Medical Examination Report Dated 8-14-82  
Name of Physician Joseph Kurlin M.D.

## FEMALE

Medical Examination Report Dated 8-14-82  
Name of Physician Joseph Kurlin M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

## MALE APPLICANT

Name First James Middle J. Last Dinkel  
Date of Birth Month April Day 11 Year 1961  
Place of Birth (State or foreign country) Panama  
Residence Address Street or R. R. City County State  
691 Macky Rd. Danville, In  
Previous Marital 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 James J. Dinkel  
Residence of father (if deceased so state) Danville, In.  
Birthplace of father (State or foreign country) Washington  
9. Full maiden name of mother Ruth Ann Huffman  
Residence of mother (if deceased so state) Danville, In.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed James J. Dinkel

New Address

Subscribed and sworn to before me this 23rd day of August, 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, HENDRICKS } ss:  
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1982  
Clerk

## FEMALE APPLICANT

Name First Tammy Middle L. Last Byrdwell  
Date of Birth Month 11 Day 15 Year 1963  
Place of Birth (State or foreign country) Buck Grove, In.  
Residence Address Street or R. R. City County State  
890 N. Washington St. Danville, In  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Mac. Byrdwell Jr.  
Residence of father (if deceased so state) Cummins, Ga.  
Birthplace of father (State or foreign country) Tennessee  
9. Full maiden name of mother Lillian Rose Cornelius  
Residence of mother (if deceased so state) Danville, In.  
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Tammy L. Byrdwell

New Address RR2 Box 13 DD Danville, In

Subscribed and sworn to before me this 23rd day of Aug, 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, HENDRICKS } ss:  
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1982  
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 August, 1982, authorizing the joining together as husband and wife of James J. Dinkel and Tammy L. Byrdwell. Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Menlo J. Barnett hereby certify that on the 4th day of Sept, one thousand nine hundred and 82, at Danville, County of Hendricks, State of Indiana, Groom James J. Dinkel and, Bride Tammy L. Byrdwell 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 4th day of Sept, 1982.

Signed Menlo J. Barnett

Official Designation Registrar 10 day of Sept, 1982

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

563

No. 442

File

8-20-82

Date of Application

MALE  
Medical Examination Report Dated 8-16-82  
Name of Physician S. Drummel, M.D.

FEMALE  
Medical Examination Report Dated 8-17-82  
Name of Physician S. Drummel, M.D.

ALL QUESTIONS MUST BE ANSWERED IN 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Barnett Last  
Date of Birth Month 5 Day 31 Year 1961  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address 3718 S. Washington, Indpls., Ind.  
Previous Marital Status Never Married ☒ OR  
Last Marriage Ended By Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Illinois License

- Are you now or have you ever been adjudged to be of unsound mind?  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Barnett  
Residence of father (if deceased so state): Indianapolis, Ind.  
Birthplace of father (State or foreign country): Putnamville, Ind.  
9. Full maiden name of mother: Sally Sue Dinkbe  
Residence of mother (if deceased so state): Indianapolis, Ind.  
Birthplace of mother (State or foreign country): Greendale, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed James Barnett  
New Address 412 S. Center, Plainfield, Ind.  
Subscribed and sworn to before me this 20th day of August, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

FEMALE APPLICANT

Name First Jean Middle Herrin Last  
Date of Birth Month 8 Day 19 Year 1954  
Place of Birth (State or foreign country) Indiana  
Residence Address 412 S. Center St., Plainfield, Ind.  
Previous Marital Status Never Married ☒ OR  
Last Marriage Ended By Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Illinois License

- Are you now or have you ever been adjudged to be of unsound mind?  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Lonnie Lee Humphress  
Residence of father (if deceased so state): Vincennes, Indiana  
Birthplace of father (State or foreign country): Campbellsville, Ky.  
9. Full maiden name of mother: Katherine Joyce Stebens  
Residence of mother (if deceased so state): Vincennes, Indiana  
Birthplace of mother (State or foreign country): Indianapolis, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Jean A. Herrin  
New Address 412 S. Center, Plainfield, Ind.  
Subscribed and sworn to before me this 20th day of August, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed \_\_\_\_\_  
County \_\_\_\_\_ Court by written order issued \_\_\_\_\_  
in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 24 day of August, 1982, authorizing the joining together as husband and wife of \_\_\_\_\_ and \_\_\_\_\_  
Be it further remembered, the following marriage certificate was filed in my office to wit:  
I, \_\_\_\_\_ hereby certify that on the 27 day of August, 1982, at \_\_\_\_\_ County of \_\_\_\_\_ State of Indiana, Groom \_\_\_\_\_ and, Bride \_\_\_\_\_  
one thousand nine hundred and eighty-two \_\_\_\_\_ of \_\_\_\_\_  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 29 day of August, 1982

Signed \_\_\_\_\_  
Official Designation \_\_\_\_\_  
Signed \_\_\_\_\_ Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 445  
File 8-20-82  
Date of Application

**MALE**  
Medical Examination Report Dated 8-12-82  
Name of Physician D. Haggard

**FEMALE**  
Medical Examination Report Dated 8-12-82  
Name of Physician D. Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

**MALE APPLICANT**  
Name Gary D. Simpson  
Date of Birth June 7, 1959  
Place of Birth (State or foreign country) Indianapolis, In  
Residence Address RR#2 Box 380 Clayton, In  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☐ Other (Specify) Drives Lic w/Pic

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Marion William Simpson  
Residence of father (if deceased so state) Clayton, In  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Pauline Vonatti  
Residence of mother (if deceased so state) Clayton, In  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gary Simpson  
New Address 1045 W. Main Plainfield 46168

Subscribed and sworn to before me this 20 day of August, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**  
Name Natalie J. Parsons  
Date of Birth Oct 17, 1961  
Place of Birth (State or foreign country) Indianapolis, In  
Residence Address RR#1 Box 463 Clayton, In  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree  
☐ Other (Specify) \_\_\_\_\_

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Orville Parsons  
Residence of father (if deceased so state) Clayton, In  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Phyllis Jean West  
Residence of mother (if deceased so state) Clayton, In  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Natalie J. Parsons  
New Address 1045 W. Main Plainfield 46168

Subscribed and sworn to before me this 20 day of August, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23<sup>rd</sup> day of August, 1982, authorizing the joining together as husband and wife of Gary D. Simpson and Natalie J. Parsons.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Larry R. Day, hereby certify that on the 28 day of August, 1982, at Plainfield, County of Hendricks, State of Indiana, Groom Gary D. Simpson and, Bride Natalie J. Parsons 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 August, 1982.

Signed Larry R. Day  
Official Designation County Clerk  
Filed and recorded in accordance with the laws of the State of Indiana this 30 day of August, 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

565

No. 446  
File  
Date of Application 8-24-82

MALE  
Medical Examination Report Dated 8-23-82  
Name of Physician Betty

FEMALE  
Medical Examination Report Dated 8-24-82  
Name of Physician Betty

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Rex Lindsay  
Date of Birth 5/3/1956  
Place of Birth Mathure Illinois  
Residence Address 5932 Apache Walk Speedway 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

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
- If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Rex S. Lindsay Jr.  
Residence of father (if deceased so state): Speedway Ind.  
Birthplace of father (State or foreign country): Mathure Ill.  
9. Full maiden name of mother: Loma Lee Kinchard  
Residence of mother (if deceased so state): Speedway Ind.  
Birthplace of mother (State or foreign country): Mathure Ill.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Rex S. Lindsay  
New Address 5932 Apache Walk #441

Subscribed and sworn to before me this 24 day of Aug, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

FEMALE APPLICANT

Name Dena Patton  
Date of Birth 5/18/1956  
Place of Birth Charleston West Virginia  
Residence Address 4527 W. Stafford Indianapolis 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

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
- If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Donald A. Patton  
Residence of father (if deceased so state): Indianapolis Ind.  
Birthplace of father (State or foreign country): W. Virginia  
9. Full maiden name of mother: Bernice Lee Whittler  
Residence of mother (if deceased so state): Indianapolis Ind.  
Birthplace of mother (State or foreign country): W. Virginia

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Dena Patton  
New Address 5932 Apache Walk #441

Subscribed and sworn to before me this 24 day of Aug, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed \_\_\_\_\_

County \_\_\_\_\_ Court by written order issued \_\_\_\_\_  
in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the 28 day of August, 1982, authorizing the joining together as husband and wife of \_\_\_\_\_ and \_\_\_\_\_

Be it further remembered, the following marriage certificate was filed in my office, to-wit: \_\_\_\_\_  
I, \_\_\_\_\_ hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ County of \_\_\_\_\_  
at \_\_\_\_\_ County, State of \_\_\_\_\_  
of \_\_\_\_\_ County, State of \_\_\_\_\_  
one thousand nine hundred and 82 \_\_\_\_\_  
State of Indiana, Groom: Rex S. Lindsay  
and, Bride: Dena Elaine Patton  
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 Aug, 1982

Signed Ricky S. Matthews  
Official Designation \_\_\_\_\_  
day of \_\_\_\_\_, 1982  
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
**HENDRICKS** County

No. 447  
File 8-24-82  
Date of Application

**MALE**  
Medical Examination Report Dated 8-23-82  
Name of Physician Scudder

**FEMALE**  
Medical Examination Report Dated 8-23-82  
Name of Physician Scudder

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

**MALE APPLICANT**

Name Douglas W. Parrish  
Date of Birth 8-23-1962  
Place of Birth (State or foreign country) Beach Grove, Ind.  
Residence Address 61 Box 138 Danville, Hend. Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.  
\_\_\_\_\_

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 E. Parrish  
Residence of father (if deceased so state) Danville Ind.  
Birthplace of father (State or foreign country) Ind.  
9. Full maiden name of mother Patti S. Morrison  
Residence of mother (if deceased so state) Danville Ind.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, **HENDRICKS** } ss: I depose and state the information given  
County of \_\_\_\_\_ in this application is true and correct.

Signed Douglas W. Parrish  
New Address 4632 Locust Lane

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
Clerk **HENDRICKS** Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, **HENDRICKS** } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
Clerk \_\_\_\_\_

**FEMALE APPLICANT**

Name Jacqueline Y. Myers  
Date of Birth 6-25-1964  
Place of Birth (State or foreign country) Ind.  
Residence Address 4632 Locust Lane, Ellettsville, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.  
\_\_\_\_\_

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Jack E. Myers  
Residence of father (if deceased so state) Ellettsville Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Darlene Y. Baker  
Residence of mother (if deceased so state) Ellettsville Ind.  
Birthplace of mother (State or foreign country) Ohio

State of Indiana, **HENDRICKS** } ss: I depose and state the information given  
County of \_\_\_\_\_ in this application is true and correct.

Signed Jacqueline Y. Myers  
New Address 4632 Locust Lane

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
Clerk **HENDRICKS** Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, **HENDRICKS** } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
Clerk \_\_\_\_\_

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the **HENDRICKS** Circuit Court of Indiana dated the 28 day of August, 1982, authorizing the joining together as husband and wife of Douglas W. Parrish and Jacqueline Y. Myers.  
Be it further remembered, the following marriage certificate was filed in my office, to wit:  
I, Timothy M. Schroeder hereby certify that on the 28 day of Aug,  
one thousand nine hundred and 82 at Danville, County of Hendricks,  
State of Indiana, Groom Douglas W. Parrish of Hendricks County, State of Ind.  
and, Bride Jacqueline Y. Myers of Hendricks County, State of Ind.  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 28 day of August, 1982.

Signed Timothy M. Schroeder

Official Designation Minister  
day of Sept, 1982

Signed Mary Jane Russell  
**HENDRICKS** Clerk  
Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 448  
File 8-25-82  
Date of Application

MALE  
Medical Examination Report Dated 8-16-82  
Name of Physician Stegemoller

FEMALE  
Medical Examination Report Dated 8-16-82  
Name of Physician Stegemoller

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Jeffrey B. Morgan  
Date of Birth 7/19/1959  
Place of Birth (State or foreign country) Crawfordsville Ind.  
Residence Address 248 W. Marion St. Danville Hend. Ind.

Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

Other (Specify) Voter's Registration

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children: Nathan Daniel Kuritsis

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒  
If answer is "yes", it is required that this Application be 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 R. Morgan  
Residence of father (if deceased so state): Crawfordsville Ind.

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Karen Darlene Long  
Residence of mother (if deceased so state): Crawfordsville Ind.

Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Jeff B. Morgan  
New Address SAME

Subscribed and sworn to before me this 25 day of Aug. 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

FEMALE APPLICANT

Name Vicki Larkin  
Date of Birth 8/2/1961  
Place of Birth (State or foreign country) Indiana  
Residence Address 248 W. Marion St. Danville Hend. Ind.

Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children:

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Arless Walter Larkin  
Residence of father (if deceased so state): Danville Ind.

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Florena Anna Morrish  
Residence of mother (if deceased so state): Danville, Ind.

Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Vicki L. Larkin  
New Address Same

Subscribed and sworn to before me this 25 day of Aug. 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed in \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_  
in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ HENDRICKS \_\_\_\_\_ Circuit Court of Indiana dated the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, authorizing the joining together as husband and wife of \_\_\_\_\_ and \_\_\_\_\_  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, \_\_\_\_\_ hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_  
at \_\_\_\_\_ County, State of \_\_\_\_\_  
of \_\_\_\_\_ County, State of \_\_\_\_\_  
one thousand nine hundred and \_\_\_\_\_  
State of Indiana, Groom \_\_\_\_\_  
and, Bride \_\_\_\_\_  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Signed \_\_\_\_\_  
Official Designation \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_  
Official Designation \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_  
Official Designation \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_  
Official Designation \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_  
Official Designation \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_  
Official Designation \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_  
Official Designation \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_  
Official Designation \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_  
Official Designation \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_  
Official Designation \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_  
Official Designation \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_



STATE OF INDIANA )  
 ) SS:  
HENDRICKS COUNTY )

IN THE HENDRICKS CIRCUIT COURT

1982

FILED  
IN OPEN COURT

AUG 25 1982

*J. B. B.*  
Judge Hendricks Circuit Court

IN THE MATTER OF THE PETITION )  
 )  
OF: JOE KIRITSIS )

CAUSE NO.

DECREE

Comes now Joe Kiritsis, and having duly filed his Petition  
For Change of Name, which Petition is in the words and figures as follows:  
(H.I.), and petitioner having filed his Proof of Publication that notice of  
his Petition has been duly published in the Danville Republican, which  
Proof of Publication is in the words and figures as follows: (H.I.)

And the Court having examined said Petition, Proof of  
Publication, and having heard the evidence herein, and being duly advised  
in the premises, NOW FINDS for the petitioner. And FURTHER FINDS that there  
exists good and proper and reasonable cause for the changing of the name of  
Joe Kiritsis to Jeffrey Gene Morgan; and petitioner shall be known by the  
name of Jeffrey Gene Morgan.

IT IS THEREFORE ORDERED ADJUDGED AND DECREED by the Court that  
there is good and proper and reasonable cause for changing the name of Joe  
Kiritsis and his name is hereby changed to Jeffrey Gene Morgan, and that  
hereafter Joe Kiritsis shall be known by the name of Jeffrey Gene Morgan.

IT IS FURTHER ORDERED ADJUDGED AND DECREED by the Court that  
the petitioner herein shall pay all costs of this action.

Dated this 24 day of Aug, 1982.

Judge

BERRY CAPPER & TULLEY  
131 North Green Street  
Crawfordsville, Indiana 47933

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
HENDRICKS Circuit Court  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_  
of Indiana dated the 25 day of Aug, 1982, authorizing the joining together as husband and wife  
of Jeffrey G. Morgan and Vicki L. Jackson  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Dorman D. Wenger hereby certify that on the 28 day of Aug,  
at Crawfordsville, County of Montgomery,  
one thousand nine hundred and 82 of Hendricks County, State of Ind,  
State of Indiana, Groom Jeffrey G. Morgan County, State of Ind,  
and, Bride Vicki L. Jackson 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 August, 1982. Signed Dorman D. Wenger  
Official Designation Minister, 1982. Clerk  
Signed Mary Jane Russell day of Sept, 1982.  
HENDRICKS Circuit Court  
Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
**HENDRICKS** County

No. 449  
File 8-25-82  
Date of Application

**MALE**

Medical Examination Report Dated 8-23-82  
Name of Physician Michael Feeley

**FEMALE**

Medical Examination Report Dated 8-23-82  
Name of Physician Michael Feeley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

**MALE APPLICANT**

Name Jeffrey Charles Mize  
Date of Birth 12/29/1961  
Place of Birth (State or foreign country) Georgia  
Residence Address 453 Kentucky St. Danville Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

- Are you now or have you ever been adjudged to be of unsound mind?  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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. Mize  
Residence of father (if deceased so state) Speedway Ind.  
Birthplace of father (State or foreign country) Ky  
9. Full maiden name of mother Ann Carol Couran  
Residence of mother (if deceased so state) Plainfield Ind.  
Birthplace of mother (State or foreign country) Ind.

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.

Signed Jeffrey C. Mize

New Address 413 S. Kentucky St. Danville Ind.

Subscribed and sworn to before me this 25 day of Aug, 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, **HENDRICKS** } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

**FEMALE APPLICANT**

Name Kelly Joanne Pettitt  
Date of Birth 12/29/1963  
Place of Birth (State or foreign country) Indiana  
Residence Address 201 S. Rd 425 E Danville Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

- Are you now or have you ever been adjudged to be of unsound mind?  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 T. Pettitt  
Residence of father (if deceased so state) deceased  
Birthplace of father (State or foreign country) Ind.  
9. Full maiden name of mother Margaret Kessler  
Residence of mother (if deceased so state) Danville Ind.  
Birthplace of mother (State or foreign country) Ind.

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.

Signed Kelly Joanne Pettitt

New Address 413 S. Kentucky St. Danville Ind.

Subscribed and sworn to before me this 25 day of Aug, 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, **HENDRICKS** } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
**HENDRICKS**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the \_\_\_\_\_ day of \_\_\_\_\_, 1982, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: \_\_\_\_\_ and \_\_\_\_\_

I, \_\_\_\_\_ hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_

one thousand nine hundred and \_\_\_\_\_, \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_

State of Indiana, Groom Jeffrey Charles Mize and, Bride Kelly Joanne Pettitt 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 27 day of Aug, 1982.

Signed Wayne Shoulders

Official Designation Recorder

Signed Mary Jane Russell Clerk

**HENDRICKS** Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1982.



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

569

No. 450

File

Aug. 25, 1982  
Date of Application

MALE

Medical Examination Report Dated 8-19-82

Name of Physician Edward Smith

FEMALE

Medical Examination Report Dated 8-19-82

Name of Physician Edward Smith

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last  
Date of Birth Month Day Year  
Place of Birth (State or foreign country)  
Residence Address Street or R. R. City County State  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Donald Smallwood

Residence of father (if deceased so state): Same

Birthplace of father (State or foreign country): Ky

9. Full maiden name of mother: Mary G. Sweet

Residence of mother (if deceased so state): Same

Birthplace of mother (State or foreign country): Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Mich Smallwood

New Address: RR 3 GREENCASTLE IND 462135

Subscribed and sworn to before me this 25 day of Aug, 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, HENDRICKS } ss:

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First Middle Last  
Date of Birth Month Day Year  
Place of Birth (State or foreign country)  
Residence Address Street or R. R. City County State  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Thomas Stule

Residence of father (if deceased so state): Same

Birthplace of father (State or foreign country): Ky

9. Full maiden name of mother: Janet Carol Rudolph

Residence of mother (if deceased so state): Same

Birthplace of mother (State or foreign country): Ky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Lana Jo Stule

New Address: RR 3 GreenCastle P.O. Box 244

Subscribed and sworn to before me this 25 day of Aug, 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, HENDRICKS } ss:

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

in Hendricks County, Superior Court by written order issued 3 day issues and filed

in Hendricks County, Superior Court by written order issued 3 day issues and filed

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court

of Indiana dated the 25th day of Aug, 1982, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Michael Ray Smallwood and Lana Jo Stule

I, John C. Mowbray, hereby certify that on the 28 day of August, 1982, County of Hendricks

one thousand nine hundred and 82, at Danville, County, State of Ind.

State of Indiana, Groom: Michael Ray Smallwood of Danville, County, State of Ind.

and, Bride: Lana Jo Stule of Danville, County, State of Ind.

were by me united 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 August, 1982. Signed: John C. Mowbray

Official Designation: Judge, 1982 Clerk

Signed: Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this



No. 451  
File 8-25-87  
Date of Application

**FEMALE**  
Medical Examination Report Dated 8-20-82  
Name of Physician Black

ALL QUESTIONS MUST BE ANSWERED. LC 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

**FEMALE APPLICANT**

Name <sup>First</sup> Jeanne <sup>Middle</sup> M. <sup>Last</sup> DeLois

Date of Birth <sup>Month</sup> 12 <sup>Day</sup> 29 <sup>Year</sup> 1954

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address <sup>Street or R. R.</sup> P.O. Box 888 <sup>City</sup> Camby <sup>County</sup> Warr <sup>State</sup> Ind.

Previous Marital 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 Frank James DeLois  
Residence of father (if deceased so state) Deceased  
Birthplace of father (State or foreign country) Milledgeville Ga.

9. Full maiden name of mother Zona Low Battershell  
Residence of mother (if deceased so state) Ellettsville Ind.  
Birthplace of mother (State or foreign country) Danville Ill.

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct  
County of \_\_\_\_\_ }

Signed > Jeanne DeLois  
New Address Same

Subscribed and sworn to before me this 27 day of Aug, 1954  
Mary Jane Russell Clerk **HENDRICKS** Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

.....

.....

.....

State of Indiana,      **HENDRICKS**      } ss :  
County of.....

Signed..... Father.....  
Signed..... Mother.....

Subscribed and sworn to before me this..... day of....., 19.....  
Clerk.....

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
 Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court  
 of Indiana dated the 24 day of September, 1982, authorizing the joining together as husband and wife  
 Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
 I, Richard Zare hereby certify that on the 11 day of September  
 one thousand nine hundred and eighty two at Ellettsfield, County of Hendricks  
 State of Indiana, Groom Richard Zare of Hendricks County, State of Indiana  
 and, Bride Janet M. Dabbs 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 September, 1982.  
 Signed Rev. Richard Zare  
 Official Designation Roman Catholic Priest  
 Filed and recorded in accordance with the laws of the State of Indiana this 15 day of September, 1982.  
 Signed Mary Paulkessell Clerk  
 \_\_\_\_\_ Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

571

No. 452

File 8-25-82  
Date of Application

MALE

Medical Examination Report Dated 8-16-82  
Name of Physician E. Clark

FEMALE

Medical Examination Report Dated 8-18-82  
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 James Middle D. Last Gosser  
Date of Birth Month Oct Day 21 Year 1959  
Place of Birth (State or foreign country) Indianapolis, In  
Residence Address Street or R. R. 6885E 800 North Brownsburg, In City Brownsburg 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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. Gosser  
Residence of father (if deceased so state) Brownsburg, In  
Birthplace of father (State or foreign country) Ky  
9. Full maiden name of mother Delores Buses  
Residence of mother (if deceased so state) Brownsburg, In  
Birthplace of mother (State or foreign country) Ind

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed James D. Gosser

New Address 6885E 800 N. Brownsburg IND.

Subscribed and sworn to before me this

Nancy Jane Russe

CONSENT OF PARENTS, PARENT

We, the parents, of this applicant hereby give my consent for

State of Indiana, HENDRICKS  
County of

Signed

Signed

Subscribed and sworn to before me this

Subscribed and sworn to before me this 27<sup>th</sup> day of August 1982

Gene White  
Notary Public

COMPLETE IF MARRIAGE

in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Aug, 1982, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Joseph D. Wilson hereby certify that on the 11 day of September, 1982, at Brownsburg, County of Hendricks, State of Indiana, one thousand nine hundred and eighty-two of Hendricks County, State of Indiana, Groom James D. Gosser and, Bride Annelle G. Ullman 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, \_\_\_\_\_ State of \_\_\_\_\_

Dated this 11 day of September, 1982

Signed

Official Designation

Signed

Clerk

Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
**HENDRICKS** County

No. 453  
File 8-25-82  
Date of Application

**MALE**  
Medical Examination Report Dated 8-23-82  
Name of Physician T. Walker

**FEMALE**  
Medical Examination Report Dated 8-23-82  
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 Karl Evan Romel  
Date of Birth April 15 1955  
Place of Birth (State or foreign country) Indianapolis, In  
Residence Address 11 W. Vermont Brownsburg, In  
Previous Marital 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? Apart Syphilis No ☐ Yes ☒
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.  
Virginia Anna Romel 6

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Bruce W. Romel  
Residence of father (if deceased so state) Brownsburg, In  
Birthplace of father (State or foreign country) Mass.  
9. Full maiden name of mother Eva L. Immler  
Residence of mother (if deceased so state) Brownsburg, In  
Birthplace of mother (State or foreign country) N.Y.

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Karl E. Romel  
New Address 6343 Stockport Rd. Apt 1275

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
Clerk **HENDRICKS** Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, **HENDRICKS** } ss:  
County of

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
Clerk

**FEMALE APPLICANT**

Name Catharine Bernice Bartos  
Date of Birth August 15 1960  
Place of Birth (State or foreign country) Indianapolis, In  
Residence Address 6343 Stockport Rd. Apt 1275 Indianapolis, In  
Previous Marital 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 Joseph Bartos  
Residence of father (if deceased so state) Logansport, In  
Birthplace of father (State or foreign country) Ill.  
9. Full maiden name of mother Patricia Jean Herald  
Residence of mother (if deceased so state) St. Petersburg, Fla  
Birthplace of mother (State or foreign country) Ind.

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Catharine Bernice Bartos  
New Address 6343 Stockport Rd #1275

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
Clerk **HENDRICKS** Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, **HENDRICKS** } ss:  
County of

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the **HENDRICKS** Circuit Court of Indiana dated the 30th day of August, 1982, authorizing the joining together as husband and wife of Karl Evan Romel and Catharine Bernice Bartos.  
**Be it further remembered**, the following marriage certificate was filed in my office, to-wit:  
I, Raymond L. Roder hereby certify that on the 12 day of Sept, one thousand nine hundred and 82 at Linton, County of Hendricks, State of Indiana, Groom Karl Evan Romel of Marion County, State of Ind, and, Bride Catharine Bernice Bartos of Marion County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 12 day of Sept, 1982.

Signed Raymond L. Roder

Official Designation Pastor  
day of Sept, 1982.

Signed Mary Jane Russell Clerk  
**HENDRICKS** Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

573

No. 454

File  
8-26-82  
Date of Application

MALE  
Medical Examination Report Dated 8-19-82  
Name of Physician Hadley

FEMALE  
Medical Examination Report Dated 8-19-82  
Name of Physician Hadley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name First Middle Last  
Joseph Allan Christl  
Date of Birth Month Day Year  
March 22 1961  
Place of Birth (State or foreign country)  
Wisconsin  
Residence Address Street or R. R. City County State  
247 Mill Run Pl. Plainfield Hendricks IN  
Previous Marital 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: Gerald R. Christl

Residence of father (if deceased so state): Plainfield, IN

Birthplace of father (State or foreign country): Wisconsin

9. Full maiden name of mother: Janice M. Mueller

Residence of mother (if deceased so state): Plainfield, IN

Birthplace of mother (State or foreign country): Wisconsin

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of

Signed: Joseph A. Christl

New Address: 247 Mill Run Pl. Plainfield, IN

Subscribed and sworn to before me this 26 day of August, 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, Hendricks } ss:  
County of

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 19

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued 30 day lag 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 authorizing the joining together as husband and wife of Indiana dated the 26 day of August, 1982, and

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, R.D. Lasonche, hereby certify that on the 3 day of Sept, 1982, County of Hendricks,

one thousand nine hundred and 82, at Plainfield, County, State of Ind.

State of Indiana, Groom: Joseph A. Christl, of Hendricks, County, State of Ind.

and, Bride: Angela Dawn Kemp, of Hendricks, County, State of Ind.

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 3 day of Sept, 1982

Signed: R.D. Lasonche

Official Designation: Pastor

Signed: Mary Jane Russell

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

573

No. 454

File  
8-26-82  
Date of Application

MALE  
Medical Examination Report Dated 8-19-82  
Name of Physician Hadley

FEMALE  
Medical Examination Report Dated 8-19-82  
Name of Physician Hadley

ALL QUESTIONS MUST BE ANSWERED. IC 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name First Middle Last  
Joseph Allan Christl  
Date of Birth Month Day Year  
March 22 1961  
Place of Birth (State or foreign country)  
Wisconsin  
Residence Address Street or R. R. City County State  
247 Milcon, Plainfield Hendricks IN

Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Survivor's License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind?  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Derald R. Christl

Residence of father (if deceased so state): Plainfield, IN

Birthplace of father (State or foreign country): Wisconsin

9. Full maiden name of mother: Janice M. Mueller

Residence of mother (if deceased so state): Plainfield, IN

Birthplace of mother (State or foreign country): Wisconsin

State of Indiana, HENDR  
County of

Sig

New Add

Subscribed and sworn to be

CONSENT OF PARENTS.

We, the parents, of this ap  
signs, state facts which re

State of Indiana, HEND  
County of

Signed

Signed

Subscribed and sworn to be

COMPLETE-IF MA

in

FEMALE APPLICANT

Name First Middle Last  
Angela Dawn Kemp  
Date of Birth Month Day Year  
January 20 1966  
Place of Birth (State or foreign country)  
Indiana  
Residence Address Street or R. R. City County State  
247 Milcon, Plainfield Hendricks IN

Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind?  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Teddy G. Kemp

Residence of father (if deceased so state): Florida

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Sherrie L. Fisk

Residence of mother (if deceased so state): Plainfield, IN

Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS I denote and state the information given

I, Sherrie L. Kemp, hereby give my consent for  
my daughter, Angela Dawn Kemp to  
marry Joseph Allen Christl.

Subscribed and sworn to before me this 25 day of Aug,  
1982

**FILED**  
AUG 26 1982  
Mary Jane Russell  
CLERK HENDRICKS  
CIRCUIT COURT  
SUPERIOR

Sherrie L. Kemp  
Dale A. Free  
Notary Public  
Hendricks Co.  
April 13, 1984

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 26 day of August, 1982, authorizing the joining together as husband and wife  
of Joseph Christl and Angela Kemp  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, R. D. Larrison, hereby certify that on the 3 day of Sept,  
one thousand nine hundred and 82, at Plainfield, County of Hendricks,  
State of Indiana, Groom Joseph A. Christl, of Hendricks County, State of Ind,  
and, Bride Angela Dawn Kemp, 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 3 day of Sept, 1982

Signed R. D. Larrison  
Official Designation Recorder, 1982  
Signed Mary Jane Russell  
Clerk  
HENDRICKS  
Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 455  
File 8-26-82  
Date of Application

MALE  
Medical Examination Report Dated 8-23-82  
Name of Physician Clark

FEMALE  
Medical Examination Report Dated 8-23-82  
Name of Physician 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 Marc W. Westfall  
Date of Birth 11/4/1946  
Place of Birth (State or foreign country) Indiana Ind.  
Residence Address 283 N. East Plft Hend Ind.

Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

List the full names of any dependent children.  
Laura Nichole Westfall

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Maurice G. Westfall  
Residence of father (if deceased so state) Plft Ind.

Birthplace of father (State or foreign country) Crawfordville Ind.

9. Full maiden name of mother: Rosemary Ingersoll  
Residence of mother (if deceased so state) Plft Ind.

Birthplace of mother (State or foreign country) Crawfordville Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed x Marc W. Westfall  
New Address 283 N. East Plft Hend Ind.

Subscribed and sworn to before me this 26 day of Aug, 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, Hendricks } ss:  
County of Hendricks

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the \_\_\_\_\_ day of Sept, 1982.

Be it further remembered, the following marriage certificate was filed in my office, to wit:  
I, John C. Mowrer, hereby certify that on the 4 day of Sept, 1982, at \_\_\_\_\_ County of Hendricks, State of Indiana, Groom Marc W. Westfall and, Bride Joan Thomas, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 4 day of Sept, 1982.

Signed John C. Mowrer  
Official Designation Judge

Signed Mary Jane Russell  
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1982.

## FEMALE APPLICANT

Name Joan Mason Thomas  
Date of Birth 3/10/1946  
Place of Birth (State or foreign country) St. Louis Mo.  
Residence Address 283 N. East Plft Hend Ind.

Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

List the full names of any dependent children.  
Kaleema Lynn Thomas  
Andrea Renee Thomas

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒  
If answer is "yes", it is required that this Application be 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 Harding Mason  
Residence of father (if deceased so state) Deceased

Birthplace of father (State or foreign country) Red Oak Iowa

9. Full maiden name of mother: Velma May Fairmore  
Residence of mother (if deceased so state) St. Wayne Ind.

Birthplace of mother (State or foreign country) St. Louis Mo.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Joan Thomas  
New Address 283 N. East Plft Hend Ind.

Subscribed and sworn to before me this 26 day of Aug, 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, Hendricks } ss:  
County of Hendricks

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_, Clerk



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

575

No. 456

File 8-27-82  
Date of Application

MALE  
Medical Examination Report Dated 8-16-82  
Name of Physician Michael Neely

FEMALE  
Medical Examination Report Dated 8-16-82  
Name of Physician Michael Neely

ALL QUESTIONS MUST BE ANSWERED I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name First Victor Middle Louis Last Pevler  
Date of Birth Month 22 Year 1963  
Place of Birth (State or foreign country) Ind.  
Residence Address Street or R. R. 307 E 1st St. S. Danville City County State  
Previous Marital Status Never Married ☒ OR  
Last Marriage Ended By Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Carl E. Pevler  
Residence of father (if deceased so state) Danville, Ind.  
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Mary M. DeBurger  
Residence of mother (if deceased so state) Danville, Ind.  
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Victor L Pevler  
New Address 309 N. Tonn

Subscribed and sworn to before me this 27 day of Aug, 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, HENDRICKS } ss:  
County of

Signed Father  
Signed Mother

Subscribed and sworn to before me this day of 19 Clerk

FEMALE APPLICANT

Name First Teresa Middle Jayne Last Harmless  
Date of Birth Month 3 Year 1963  
Place of Birth (State or foreign country) Ind.  
Residence Address Street or R. R. Rt 2 Box 173 A New Jersey City County State  
Previous Marital Status Never Married ☒ OR  
Last Marriage Ended By Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Wm. W. Harmless  
Residence of father (if deceased so state) Cotteauville, Ind.  
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Beverly B. Plunkett  
Residence of mother (if deceased so state) Danville, Ind.  
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Teresa J. Harmless  
New Address 309 N. Tennessee

Subscribed and sworn to before me this 27 day of Aug, 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, HENDRICKS } ss:  
County of

Signed Father  
Signed Mother

Subscribed and sworn to before me this day of 19 Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued in \_\_\_\_\_ County \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11th day of Sept, 1982, authorizing the joining together as husband and wife of Victor Louis Pevler and Teresa Jayne Harmless.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Harlan Kincaid, hereby certify that on the 11 day of Sept, 1982, at Danville, County of Hendricks, State of Indiana, Groom Victor Louis Pevler and, Bride Teresa Jayne Harmless, of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 11 day of Sept, 1982.

Signed Harlan Kincaid  
Official Designation Clerk  
Signed Mary Jane Russell  
Clerk

Filed and recorded in accordance with the laws of the State of Indiana this



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 457  
File 8-30-82  
Date of Application

MALE  
Medical Examination Report Dated 8-9-82  
Name of Physician Thomas M. Warner

FEMALE  
Medical Examination Report Dated 8-9-82  
Name of Physician Thomas M. Warner

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

## MALE APPLICANT

Name Ken Lawn Lawson  
Date of Birth Month Day Year  
9 1956  
Place of Birth (State or foreign country) Indpls., Ind.  
Residence Address 8665 N. 925 E., Brownsburg, Ind. 46112  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Driver's License w/ Pic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Lawn Lawson  
Residence of father (if deceased so state) Brownsburg, Ind.  
Birthplace of father (State or foreign country) Indianapolis, Ind.  
9. Full maiden name of mother Nancy Rose Thompson  
Residence of mother (if deceased so state) Brownsburg, Ind.  
Birthplace of mother (State or foreign country) Indianapolis, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS

Signed Ken Lawson

New Address 8665 N. 925 E. Brownsburg, Ind. 46112

Subscribed and sworn to before me this 30th day of August, 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, HENDRICKS } ss:  
County of HENDRICKS

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name Rhonda Kay Riddle  
Date of Birth Month Day Year  
6 1960  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address P.O. Box 55, Pittsburg, Ind. 46167  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Berle Clare Riddle  
Residence of father (if deceased so state) Pittsburg, Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Shirley Rose Brickle  
Residence of mother (if deceased so state) Pittsburg, Ind.  
Birthplace of mother (State or foreign country) Illinois

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS

Signed Rhonda Kay Riddle

New Address 8665 N. 925 E. Brownsburg, Ind. 46112

Subscribed and sworn to before me this 30th day of August, 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, HENDRICKS } ss:  
County of HENDRICKS

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 3 day of Sept, 1982, authorizing the joining together as husband and wife of Ken Lawn Lawson and Rhonda Kay Riddle.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Larry Lilly, hereby certify that on the 18 day of Sept, one thousand nine hundred and 82, at Brownsburg, County of Hendricks, State of Indiana, Groom Ken Lawn Lawson of Hendricks County, State of Ind and, Bride Rhonda Kay Riddle of Hendricks County, State of Ind were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 18 day of Sept, 1982.

Signed Larry Lilly

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of Sept, 1982.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 458

File

577

Date of Application

MALE  
Medical Examination Report Dated 8-24-82  
Name of Physician Peter H. Stoykema M.D.

FEMALE  
Medical Examination Report Dated 8-24-82  
Name of Physician Peter H. Stoykema 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 Thomas Michael Modic  
Date of Birth April 7 1955  
Place of Birth (State or foreign country) Ohio  
Residence Address #1 1735 Highland Pl. Berkeley, Ca  
Previous Marital Status Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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 Carl Modic  
Residence of father (if deceased so state) Cleveland, Ohio  
Birthplace of father (State or foreign country) Ohio

9. Full maiden name of mother Virginia Ann Zupancic  
Residence of mother (if deceased so state) Cleveland, Ohio  
Birthplace of mother (State or foreign country) Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Thomas M. Modic

New Address 1735 Highland Pl. #1 Berkeley Ca 94709

Subscribed and sworn to before me this 2 day of Sept 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

Clerk

FEMALE APPLICANT

Name Maureen C. Dellinger  
Date of Birth January 25 1958  
Place of Birth (State or foreign country) Ohio  
Residence Address #1 1735 Highland Pl. Berkeley, Ca  
Previous Marital Status Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Eddie Dennis Dellinger  
Residence of father (if deceased so state) Plainfield, In.  
Birthplace of father (State or foreign country) Michigan

9. Full maiden name of mother Mary Bridget Kennedy  
Residence of mother (if deceased so state) Plainfield, In.  
Birthplace of mother (State or foreign country) Cleveland, Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Maureen C. Dellinger

New Address 1735 Highland Pl. #1 Berkeley Ca 94709

Subscribed and sworn to before me this 2 day of Sept 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued 3 day warrants and filed in \_\_\_\_\_ County \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 2 day of September 1982, authorizing the joining together as husband and wife of Thomas Michael Modic and Maureen C. Dellinger.

Be it further remembered, the following marriage certificate was filed in my office, to-wit: \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

I, Richard Zore, hereby certify that on the 4 day of Sept 1982, County of Hendricks, State of Indiana, Groom Thomas Michael Modic of Alameda County, State of California, and, Bride Maureen C. Dellinger of Hendricks County, State of California,

were by me united 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 Sept 1982

Signed Richard Zore

Official Designation \_\_\_\_\_ 10 day of Sept 1982 Clerk

Signed Mary Jane Russell HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 459  
File 9-2-82  
Date of Application

MALE  
Medical Examination Report Dated 8-17-82  
Name of Physician Thomas Dascoli

FEMALE  
Medical Examination Report Dated 8-17-82  
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 Robert E. Curtis  
Date of Birth June 18, 1930  
Place of Birth (State or foreign country) Indpls  
Residence Address 9880 W. 10th St Lot 26 W. Indpls. Hend In  
Previous Marital Status: Never Married ☐ OR ☒  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☒ Other (Specify) Drivers lic

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Muriel K. Curtis  
Residence of father (if deceased so state) deceased  
Birthplace of father (State or foreign country) N. Salem, In.  
9. Full maiden name of mother Virgie D. Maners  
Residence of mother (if deceased so state) Indpls.  
Birthplace of mother (State or foreign country) Kadoga, In

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Robert E. Curtis

New Address 9880 W 10th St Lot 26 W.

Subscribed and sworn to before me this 2 day of Sept, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_  
\_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name Samara M. Young  
Date of Birth March 13, 1954  
Place of Birth (State or foreign country) Indpls  
Residence Address 9880 W. 10th St Lot 26 W. Indpls. Hend In  
Previous Marital Status: Never Married ☐ OR ☒  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☒ Other (Specify) drivers lic

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

Keith Young

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father R.S. Cobb, Jr.  
Residence of father (if deceased so state) Indpls.  
Birthplace of father (State or foreign country) Alabama  
9. Full maiden name of mother Dorothy M. Shelton  
Residence of mother (if deceased so state) Indpls.  
Birthplace of mother (State or foreign country) Columbus, In

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Samara M. Young

New Address 9880 W. 10th St. Lot 26 W

Subscribed and sworn to before me this 2 day of Sept, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 2 day of Sept, 1982, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Mary Jane Russell hereby certify that on the 2 day of Sept, one thousand nine hundred and 82 at Parisville County of Hendricks, State of Indiana, Groom Robert E. Curtis of Hend County, State of Ind and, Bride Samara M. Young of Hend County, State of Ind were by me united 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 Sept, 1982

Signed Mary Jane Russell

Official Designation Clerk

Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of Sept, 1982



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

579

No. 460  
File 9-2-82  
Date of Application

MALE  
Medical Examination Report Dated 8/30/82  
Name of Physician Eric Clark

FEMALE  
Medical Examination Report Dated 8-30-82  
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 G. First J. Middle Last Spears  
Date of Birth Feb. 19 1943  
Place of Birth (State or foreign country) Virginia  
Residence Address R.R. #2 Box 45 Clayton Head In  
Previous Marital 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 Olin Spears deceased  
Residence of father (if deceased so state) deceased  
Birthplace of father (State or foreign country) Virginia  
9. Full maiden name of mother Liza Collins  
Residence of mother (if deceased so state) Lmo, In  
Birthplace of mother (State or foreign country) Virginia  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of  
Signed X H. F. Spears  
New Address 1454 Broadway  
Subscribed and sworn to before me this 2 day of Sept 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, HENDRICKS } ss:  
County of  
Signed Father  
Signed Mother  
Subscribed and sworn to before me this day of 19 Clerk

FEMALE APPLICANT

Name Christine First G. Middle Last Temple  
Date of Birth May 11 1954  
Place of Birth (State or foreign country) Indpls  
Residence Address 465 Blough Sq. Indpls. Mr. IN  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☐ Other (Specify)  
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐  
6. List the full names of any dependent children.  
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.  
8. Full name of father Lonnie Temple  
Residence of father (if deceased so state) deceased  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Dorothy Donahue  
Residence of mother (if deceased so state) Indpls  
Birthplace of mother (State or foreign country) Indiana  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of  
Signed Christine G. Temple  
New Address 1754 Broadway  
Subscribed and sworn to before me this 2 day of Sept 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, HENDRICKS } ss:  
County of  
Signed Father  
Signed Mother  
Subscribed and sworn to before me this day of 19 Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued \_\_\_\_\_ and filed \_\_\_\_\_  
County \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.  
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 \_\_\_\_\_ County, State of \_\_\_\_\_, authorizing the joining together as husband and wife of Indiana dated the 8 day of Sept 1982, and Christine G. Temple  
Be it further remembered, the following marriage certificate was filed in my office, to-wit: \_\_\_\_\_  
I, John C. Mourner hereby certify that on the 8 day of Sept 1982, County of Hendricks, State of Indiana, Groom, G. J. Spears at Danville, County, State of Ind  
and, Bride, Christine G. Temple 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 8 day of Sept 1982.  
Signed John C. Mourner  
Official Designation Judge Sept 1982  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court  
Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 461  
File 9-2-82  
Date of Application

MALE  
Medical Examination Report Dated 8-27-82  
Name of Physician Horne

FEMALE  
Medical Examination Report Dated 8-27-82  
Name of Physician Horne

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

## MALE APPLICANT

Name Joe Curtis Burnell  
Date of Birth 9 13 1960  
Place of Birth (State or foreign country) Indpls. In.  
Residence Address P.R. 1 Box 237 Pittsboro Hend In  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Lyman Burnell  
Residence of father (if deceased so state): Pittsboro  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Shirley Gail Ann Marsh  
Residence of mother (if deceased so state): Pittsboro  
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Joe Curtis Burnell

New Address 4133 Mathews #24 Indianapolis

Subscribed and sworn to before me this 2 day of Sept, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

## FEMALE APPLICANT

Name Sally Lynn Endres  
Date of Birth 10 7 1961  
Place of Birth (State or foreign country) Indpls. In.  
Residence Address 1825 Fisher Ave. Spdwy Mrs. In  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Gerald Endres  
Residence of father (if deceased so state): Speedway  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Kathryn Joyce Anderson  
Residence of mother (if deceased so state): Speedway  
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Sally Lynn Endres

New Address 4433 Mathews #24

Subscribed and sworn to before me this 2 day of Sept, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 7th day of September, 1982, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

1. Frances J. Reine hereby certify that on the 11 day of Sept, one thousand nine hundred and 82 at Speedway, County of Marion, State of Indiana, Groom Joe Curtis Burnell of Hendricks County, State of Ind and, Bride Sally Lynn Endres of Marion County, State of Ind were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 12 day of Sept, 1982

Signed Frances J. Reine

Official Designation Priest  
14 day of Sept, 1982

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 462  
File 9-3-82  
Date of Application

MALE  
Medical Examination Report Dated 8-26-82  
Name of Physician Wm Scott

FEMALE  
Medical Examination Report Dated 8-26-82  
Name of Physician Scott

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Mark Middle A. Last Althoff  
Date of Birth Month April Day 12 Year 1955  
Place of Birth (State or foreign country) Indianapolis, In  
Residence Address Street or R. R. City County State  
57 Lincoln Ave Brownsburg, In  
Previous Marital 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

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Leroy Paul Althoff  
Residence of father (if deceased so state) Brownsburg, In  
Birthplace of father (State or foreign country) Ill

9. Full maiden name of mother Evelyn Rose Albrecht  
Residence of mother (if deceased so state) Brownsburg, In  
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mark Althoff  
New Address 57 LINCOLN AVE. BROWNSBURG

Subscribed and sworn to before me this 3 day of Sept 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, HENDRICKS } ss:  
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1982  
Clerk

FEMALE APPLICANT

Name First Sally Middle A. Last Badanek  
Date of Birth Month Nov Day 8 Year 1959  
Place of Birth (State or foreign country) Indianapolis, In  
Residence Address Street or R. R. City County State  
417 Brookside In Plainfield, In  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers Lic w/ Pic

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Rudy Badanek  
Residence of father (if deceased so state) Plainfield, In  
Birthplace of father (State or foreign country) Ill

9. Full maiden name of mother Beatrice Anna Costa  
Residence of mother (if deceased so state) Plainfield, In  
Birthplace of mother (State or foreign country) Mass

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sally Badanek  
New Address 57 Lincoln Ave. Brownsburg, Ind.

Subscribed and sworn to before me this 7 day of Sept 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, HENDRICKS } ss:  
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1982  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued \_\_\_\_\_ and filed \_\_\_\_\_  
County \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of HENDRICKS  
of Indiana dated the 9 day of Sept 1982, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, MARK A. ALTHOFF, hereby certify that on the 18th day of SEPTEMBER

one thousand nine hundred and 82, at BROWNSBURG, County of HENDRICKS

State of Indiana, Groom MARK A. ALTHOFF, of HENDRICKS, County, State of IN

and, Bride SALLY A. BADANEK, 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 18th day of SEPTEMBER, 1982. Signed /s/ WILLIAM PAPPANO

Official Designation CATHOLIC PRIEST, 19 89, Clerk  
10th day of MAY

Signed \_\_\_\_\_ HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 463  
File 9-3-82  
Date of Application

MALE  
Medical Examination Report Dated 9-2-82  
Name of Physician D. Hadley

FEMALE  
Medical Examination Report Dated 9-2-82  
Name of Physician D. Hadley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

## MALE APPLICANT

Name Walter S. Todd  
Date of Birth Feb 5 1957  
Place of Birth (State or foreign country) Indianapolis, In  
Residence Address RR #1 Box 122 Clayton, In  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Thomas Todd Sr.  
Residence of father (if deceased so state) deceased  
Birthplace of father (State or foreign country) unknown  
9. Full maiden name of mother Veda Maxwell  
Residence of mother (if deceased so state) Brownsburg, In  
Birthplace of mother (State or foreign country) Ind

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Walter S. Todd

New Address RR-1 Box 122 Clayton, In

Subscribed and sworn to before me this 3 day of Sept, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

## FEMALE APPLICANT

Name Sandra K. Stanifer  
Date of Birth May 13 1961  
Place of Birth (State or foreign country) Indianapolis, In  
Residence Address RR #1 Box 122 Clayton, In  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 D. Stanifer Sr.  
Residence of father (if deceased so state) Lebanon, In  
Birthplace of father (State or foreign country) Ind  
9. Full maiden name of mother Cletta Vivian Cunningham  
Residence of mother (if deceased so state) Indianapolis, In  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Sandra K. Stanifer

New Address RR-1 Box 122 Clayton In

Subscribed and sworn to before me this 3 day of Sept, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana, dated the 10 day of Sept, 1982, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer, hereby certify that on the 10 day of Sept

one thousand nine hundred and 82 at Danville, County of Ind

State of Indiana, Groom Walter S. Todd of Hendricks County, State of Ind

and, Bride Sandra K. Stanifer 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 Sept, 1982.

Signed John C. Mowrer

Official Designation Judge

Signed Mary Jane Russell

HENDRICKS Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of Sept, 1982

Circuit Court



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 464  
File 9-3-82  
Date of Application

583

MALE  
Medical Examination Report Dated 8-30-82  
Name of Physician Kerlin

FEMALE  
Medical Examination Report Dated 8-30-82  
Name of Physician Kerlin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last  
Daryl W. Freeman  
Date of Birth Month Day Year  
11 10 1943  
Place of Birth (State or foreign country)  
Greencastle Ind.  
Residence Address Street or R. R. City County State  
22 Box 16 Coatesville Hend Ind.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

Jamara Sue Freeman  
Terry Wayne Freeman

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒  
If answer is "yes", it is required that this Application be 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 Burks

Residence of father (if deceased so state) Unknown

Birthplace of father (State or foreign country) Unknown

9. Full maiden name of mother Erma Maxine Freeman

Residence of mother (if deceased so state) Hammond Ind.

Birthplace of mother (State or foreign country) Putnam Co. Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed David W. Freeman

New Address same

Subscribed and sworn to before me this 3 day of September 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, HENDRICKS } ss:  
County of HENDRICKS

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1982

Clerk

FEMALE APPLICANT

Name First Middle Last  
Cheryl A. Cummings Ferguson  
Date of Birth Month Day Year  
4 3 1954  
Place of Birth (State or foreign country)  
Bedford Ind.  
Residence Address Street or R. R. City County State  
22 Box 16 Coatesville Hend Ind.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? 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 Annette Ferguson

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Cummings

Residence of father (if deceased so state) Indpls Ind.

Birthplace of father (State or foreign country) Bedford Ind.

9. Full maiden name of mother Patricia Taber

Residence of mother (if deceased so state) Indpls Ind.

Birthplace of mother (State or foreign country) Bedford Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed Cheryl A. Ferguson

New Address same

Subscribed and sworn to before me this 3 day of September 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, HENDRICKS } ss:  
County of HENDRICKS

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1982

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued 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

of Indiana dated the 3 day of Sept 1982, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Cheryl A. Ferguson

I, John C. Maurer hereby certify that on the 3 day of Sept 1982, County of Hendricks, State of Ind.

one thousand nine hundred and 82 of Hendricks County, State of Ind.

State of Indiana, Groom Daryl W. Freeman and, Bride Cheryl A. Ferguson of Hendricks County, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of

Dated this 3 day of Sept 1982, Signed John C. Maurer, Official Designation Judge, 10 day of Sept 1982, Signed Mary Jane Russell, Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this.



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
**HENDRICKS** County

No. 465  
File 8-7-82  
Date of Application

**MALE**  
Medical Examination Report Dated 8-31-82  
Name of Physician M.O. Scamaroni

**FEMALE**  
Medical Examination Report Dated 8-31-82  
Name of Physician M.O. Scamaroni

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

**MALE APPLICANT**

Name Rodney A. Crew  
Date of Birth April 26, 1963  
Place of Birth (State or foreign country) Indianapolis, In.  
Residence Address P.O. Box 29 Pittsboro  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Crew  
Residence of father (if deceased so state) Jamestown, In.  
Birthplace of father (State or foreign country) Illinois  
9. Full maiden name of mother: Julia Hinkle  
Residence of mother (if deceased so state) Jamestown, In.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Rodney Crew  
New Address: P.O. Box 29, Pittsboro, In.  
Subscribed and sworn to before me this 7th day of Sept, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Donna Sue Barnhart  
Date of Birth July 10, 1963  
Place of Birth (State or foreign country) Greencastle, In.  
Residence Address P.O. Box 29 Pittsboro, In.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Donald C. Barnhart  
Residence of father (if deceased so state) North Salem, In.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother: Sue B. Whitaker  
Residence of mother (if deceased so state) North Salem, In.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Donna Sue Barnhart  
New Address: P.O. Box 29, Pittsboro, IN  
Subscribed and sworn to before me this 7th day of Sept, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11th day of Sept, 1982, authorizing the joining together as husband and wife of Rodney A. Crew and Donna Sue Barnhart.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Carl C. Davis, hereby certify that on the 12 day of Sept, one thousand nine hundred and 82, at North Salem, County of Hendricks, State of Indiana, Groom Rodney A. Crew and, Bride Donna Sue Barnhart, 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 Sept, 1982.

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of Sept, 1982.

Signed Carl C. Davis  
Official Designation Clergyman  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 466  
File 9-7-82  
Date of Application

MALE  
Medical Examination Report Dated 9-4-82  
Name of Physician R. Thompson

FEMALE  
Medical Examination Report Dated 9-2-82  
Name of Physician M. Homelstine

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name David W. Brown  
Date of Birth Feb 24 1955  
Place of Birth (State or foreign country) Indianapolis, In  
Residence Address 20 Oakridge Dr. Mooresville Ind. In  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Lawrence Brown  
Residence of father (if deceased so state): Catersburg, In  
Birthplace of father (State or foreign country): Ky.  
9. Full maiden name of mother: Beulah Renner  
Residence of mother (if deceased so state): Catersburg, In  
Birthplace of mother (State or foreign country): Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David W. Brown  
New Address 20 Oakridge Dr. Mooresville  
Subscribed and sworn to before me this 7 day of Sept 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

FEMALE APPLICANT

Name Sherri L. Mascoe  
Date of Birth March 3 1963  
Place of Birth (State or foreign country) Indianapolis, In  
Residence Address 1932 N. Tabbey Ave Indianapolis, In  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Nolan Mascoe  
Residence of father (if deceased so state): Indianapolis, In  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Caroline Sue Catt  
Residence of mother (if deceased so state): Indianapolis, In  
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sherri L. Mascoe  
New Address 20 Oakridge Dr  
Subscribed and sworn to before me this 7 day of Sept 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed \_\_\_\_\_  
County \_\_\_\_\_ Court by written order issued \_\_\_\_\_  
in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
HENDRICKS

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the 14 day of Sept 1982, authorizing the joining together as husband and wife of \_\_\_\_\_ and \_\_\_\_\_  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, \_\_\_\_\_ hereby certify that on the 18 day of Sept 1982, at \_\_\_\_\_ County, State of \_\_\_\_\_  
one thousand nine hundred and 82 \_\_\_\_\_ of \_\_\_\_\_ County, State of \_\_\_\_\_  
State of Indiana, Groom David W. Brown \_\_\_\_\_  
and, Bride Sherri L. Mascoe \_\_\_\_\_  
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 18 day of Sept 1982

Signed Herbert C. Brown  
Official Designation Pastor  
day of Sept 1982  
Signed Mary Jane Russell  
HENDRICKS  
Clerk Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 467  
File 9-8-82  
Date of Application

MALE  
Medical Examination Report Dated 9-7-82  
Name of Physician Twenty

FEMALE  
Medical Examination Report Dated 9-8-82  
Name of Physician Twenty

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

**MALE APPLICANT**

Name Charles R. Page  
Date of Birth 3 15 1958  
Place of Birth (State or foreign country) Indpls Ind.  
Residence Address RR 2 Box 505 Plainfield Ind.  
Previous Marital 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.  
Jiffany Leigh Page  
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒  
If answer is "yes", it is required that this Application be 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 Willis Page  
Residence of father (if deceased so state) Indpls Ind.  
Birthplace of father (State or foreign country) Sullivan Ind.  
9. Full maiden name of mother Geraldine Tate  
Residence of mother (if deceased so state) Indpls Ind.  
Birthplace of mother (State or foreign country) Indpls Ind.  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of  
Signed Charles R. Page  
New Address RR 2 Box 505 Plainfield  
Subscribed and sworn to before me this 8 day of Sept, 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, HENDRICKS } ss:  
County of  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Linda S. Brown  
Date of Birth 5 13 1957  
Place of Birth (State or foreign country) Cincinnati Ohio  
Residence Address 7305 Lyndhurst Indpls Marion Ind.  
Previous Marital 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 Edward E. Brown  
Residence of father (if deceased so state) Cincinnati Ohio  
Birthplace of father (State or foreign country) Ohio  
9. Full maiden name of mother Gayle Ann Taylor  
Residence of mother (if deceased so state) Cincinnati Ohio  
Birthplace of mother (State or foreign country) Ohio  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of  
Signed Linda S. Brown  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 8 day of Sept, 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, HENDRICKS } ss:  
County of  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County Hendrick 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 8 day of Sept, 1982, authorizing the joining together as husband and wife of Charles R. Page and Linda S. Brown.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, William P. Hendricks hereby certify that on the 8 day of Sept,  
one thousand nine hundred and 82 at Washington Township, County of Hendricks,  
State of Indiana, Groom Charles R. Page of Hendricks County, State of Ind.  
and, Bride Linda S. Brown 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 8 day of Sept, 1982.

Signed William P. Hendricks  
Official Designation Ministry  
day of Sept, 1982.  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of IC 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 468  
File 9-8-82  
Date of Application

MALE  
Medical Examination Report Dated \_\_\_\_\_  
Name of Physician \_\_\_\_\_

FEMALE  
Medical Examination Report Dated \_\_\_\_\_  
Name of Physician \_\_\_\_\_

ALL QUESTIONS MUST BE ANSWERED. IC 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

## MALE APPLICANT

Name Winston Roy Ewell  
Date of Birth 4 18 1910  
Place of Birth (State or foreign country) Baltimore MD  
Residence Address 3815 Sylvan Dr. Baltimore Baltimore MD

Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Roy Ewell  
Residence of father (if deceased so state): Deceased  
Birthplace of father (State or foreign country): Christfield MD  
9. Full maiden name of mother: Florence Jackson Shettle  
Residence of mother (if deceased so state): Deceased  
Birthplace of mother (State or foreign country): Maryland

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Winston R Ewell

New Address 121 Eastern Ave. Plainfield

Subscribed and sworn to before me this 8 day of September, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
Clerk \_\_\_\_\_

## FEMALE APPLICANT

Name Eva  
Date of Birth 5 4 1911  
Place of Birth (State or foreign country) Barnesville Ky  
Residence Address 121 Eastern Ave. Plainfield

Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Marion McKinney  
Residence of father (if deceased so state): Deceased  
Birthplace of father (State or foreign country): Kentucky  
9. Full maiden name of mother: Martha Mills  
Residence of mother (if deceased so state): Deceased  
Birthplace of mother (State or foreign country): Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Eva Burnett

New Address 121 Eastern Ave. Plainfield

Subscribed and sworn to before me this 8 day of September, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
Clerk \_\_\_\_\_

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed in \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_  
in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS County of Hendricks, Indiana dated the 8 day of September, 1982, authorizing the joining together as husband and wife of \_\_\_\_\_ and \_\_\_\_\_

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. M. E. Lane hereby certify that on the 12 day of September, 1982, at Monroe County, State of Maryland  
one thousand nine hundred and eighty-two at Baltimore County, State of Indiana  
State of Indiana, Groom Winston E. Ewell of Hendricks County, State of Indiana  
and, Bride Eva Burnett 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 12 day of September, 1982

Signed Rev. M. E. Lane

Official Designation Reverend

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 469  
File 9-8-82  
Date of Application

MALE  
Medical Examination Report Dated 8-31-82  
Name of Physician Robert A. Heaven

FEMALE  
Medical Examination Report Dated 9-2-82  
Name of Physician Robert A. Heaven

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

## MALE APPLICANT

Name Paul F. Johnson  
Date of Birth 8-7-1959  
Place of Birth (State or foreign country) West Palm Beach Fla.  
Residence Address R.R. #4 Box 286 Clayton, In.

Previous Marital 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.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Jimmy Barton Johnson  
Residence of father (if deceased so state): Clayton, In.  
Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Marilyn Jeane Clark  
Residence of mother (if deceased so state): Clayton, In.  
Birthplace of mother (State or foreign country): Ill.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Paul F. Johnson  
New Address: P.O. Box Stilesville, Ind.

Subscribed and sworn to before me this 8th day of Sept, 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, HENDRICKS ss:

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
\_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name Christina L. Fruits  
Date of Birth 4-5-1964  
Place of Birth (State or foreign country) Greencastle, In.  
Residence Address R.R. #2 Box 392 Clayton, In.

Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Lawrence Glen Fruits  
Residence of father (if deceased so state): Clayton, In.  
Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Sharon Clare Reitzel  
Residence of mother (if deceased so state): Clayton, In.  
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Christina L. Fruits  
New Address: P.O. Box Stilesville, IN 46182

Subscribed and sworn to before me this 8th day of Sept, 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, HENDRICKS ss:

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day 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 1st day of Sept, 1982, authorizing the joining together as husband and wife of Paul F. Johnson and Christina L. Fruits.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Tom McMillan hereby certify that on the 19 day of Sept, one thousand nine hundred and 82, at Stilesville, County of Hendricks, State of Indiana, Groom Paul F. Johnson of Hendricks County, State of Ind. and, Bride Christina L. Fruits of Hendricks County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 19 day of Sept, 1982.

Signed Tom McMillan  
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of Oct, 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

No. 470  
File \_\_\_\_\_  
Date of Application 9-8-82

MALE  
Medical Examination Report Dated 8-24-82  
Name of Physician Baker

FEMALE  
Medical Examination Report Dated 8-24-82  
Name of Physician Baker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

## MALE APPLICANT

Name Mark D. Ramberg  
Date of Birth 10 8 1959  
Place of Birth (State or foreign country) Hammond Ind.  
Residence Address 7153 Wharfside Ln Ind Marion Ind.  
Previous Marital 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 Melvin Richard Ramberg

Residence of father (if deceased so state) Hammond Ind.

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Betty Mae Bertoni

Residence of mother (if deceased so state) Hammond

Birthplace of mother (State or foreign country) Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mark D. Ramberg

New Address 7153 Wharfside Ln. Indianapolis, Ind.

Subscribed and sworn to before me this 8 day of Sept, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

## FEMALE APPLICANT

Name Dana Lee Clifton  
Date of Birth 9 7 1959  
Place of Birth (State or foreign country) Beech Grove Ind.  
Residence Address 9195 N. Wilson Rd Ind Burg Ind  
Previous Marital 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 Deland

Residence of father (if deceased so state) Brewersburg, Ind.

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Helen Russell Gibbs

Residence of mother (if deceased so state) Brewersburg Ind.

Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Dana L. Clifton

New Address 7153 Wharfside Ln.

Subscribed and sworn to before me this 8 day of Sept, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed \_\_\_\_\_  
County \_\_\_\_\_ Court by written order issued \_\_\_\_\_  
in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ HENDRICKS \_\_\_\_\_ Circuit Court of Indiana dated the 13th day of Sept, 1982, authorizing the joining together as husband and wife

of Mark D. Ramberg and Dana Lee Clifton

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Dennis L. Dodson hereby certify that on the 18 day of Sept, 1982, County of Hendricks, State of Indiana

at Brewersburg County, State of Indiana

one thousand nine hundred and 82 of Hendricks County, State of Indiana

State of Indiana, Groom Mark D. Ramberg of Hendricks County, State of Indiana

and, Bride Dana Lee Clifton 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 \_\_\_\_\_

Dated this 13 day of Sept, 1982 Signed Dennis L. Dodson \_\_\_\_\_ 1982 Clerk

Official Designation Clerk

Signed Mary Jane Russell \_\_\_\_\_ Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 471  
File September 9, 1982  
Date of Application

## MALE

Medical Examination Report Dated 9-6-82  
Name of Physician Eric Clark

## FEMALE

Medical Examination Report Dated 9-6-82  
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 Russell J. Mattingly  
Date of Birth November 29, 1962  
Place of Birth (State or foreign country) Pennsylvania  
Residence Address 2847 Westbank Dr. Indpls. In.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Selective Service Registration

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Norman B. Mattingly  
Residence of father (if deceased so state) Indpls. In.  
Birthplace of father (State or foreign country) Missouri  
9. Full maiden name of mother Thelma Mae  
Residence of mother (if deceased so state) Indpls. In.  
Birthplace of mother (State or foreign country) Chesh. Ill.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Russell J. Mattingly  
New Address 4740 Liberty Lane

Subscribed and sworn to before me this 9 day of September, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name Ann M. Portwood  
Date of Birth September 18, 1962  
Place of Birth (State or foreign country) Indiana  
Residence Address 23 North Green St. Brownsburg In.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Norman E. Portwood  
Residence of father (if deceased so state) Brownsburg In.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Mary Ann Cassidy  
Residence of mother (if deceased so state) Indianapolis, In.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Ann M. Portwood  
New Address 4740 Liberty St. Indpls. 46241

Subscribed and sworn to before me this 9 day of September, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the 14th day of Sept, 1982, authorizing the joining together as husband and wife of Russell J. Mattingly and Ann M. Portwood.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, John C. Nowara hereby certify that on the 14 day of Sept, one thousand nine hundred and 82, at Danville, County of Hendricks, State of Indiana, Groom Russell J. Mattingly of Marion County, State of Ind. and, Bride Ann M. Portwood 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 14 day of Sept, 1982.

Signed John C. Nowara

Official Designation Judge  
14 day of Sept, 1982

Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 472  
File 9-9-82  
Date of Application

MALE  
Medical Examination Report Dated 8-22-82  
Name of Physician D. Perenyi

FEMALE  
Medical Examination Report Dated 8-22-82  
Name of Physician D. Perenyi

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Robert A. Platt  
Date of Birth Dec 30 1959  
Place of Birth (State or foreign country) Oak Hill W. Va.  
Residence Address RR1 Box 71 Brownsburg, In  
Previous Marital 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
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
- Full name of father John E. Platt  
Residence of father (if deceased so state) Brownsburg, In  
Birthplace of father (State or foreign country) W. Va.  
Full maiden name of mother Patsy Delores Totten  
Residence of mother (if deceased so state) Brownsburg, In  
Birthplace of mother (State or foreign country) W. Va.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Robert A. Platt  
New Address Rt 1 Box 71 Brownsburg IND.  
Subscribed and sworn to before me this 9 day of Sept, 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, Hendricks } ss:  
County of  
Signed Father  
Signed Mother  
Subscribed and sworn to before me this day of 19 Clerk

FEMALE APPLICANT

Name Susan Janning  
Date of Birth August 3 1961  
Place of Birth (State or foreign country) Indianapolis, In  
Residence Address 437 Chatham Dr. Brownsburg, In  
Previous Marital Status Never Married ☐ OR  
Last Marriage Ended By Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify)
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - List the full names of any dependent children.

Robert R. Janning

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
- Full name of father Robert E. Janning  
Residence of father (if deceased so state) Brownsburg, In  
Birthplace of father (State or foreign country) Indiana

Full maiden name of mother Zelda T. Kramer  
Residence of mother (if deceased so state) Brownsburg  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Susan Janning  
New Address Rt 1 Box 71 Brownsburg In  
Subscribed and sworn to before me this 9 day of Sept, 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, Hendricks } ss:  
County of  
Signed Father  
Signed Mother  
Subscribed and sworn to before me this day of 19 Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued in County authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the County of Hendricks, Indiana, dated the 29 day of Oct, 1982, authorizing the joining together as husband and wife of Robert A. Platt and Susan Janning.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, John C. Mauer, hereby certify that on the 29 day of Oct, 1982, at Hendricks, Indiana, County of Hendricks, State of Indiana, Groom Robert A. Platt and Bride Susan Janning were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 29 day of Oct, 1982.

Signed John C. Mauer  
Official Designation Judge  
Signed Mary Jane Russell  
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
**HENDRICKS** County

No. 473  
File 9-9-82  
Date of Application

**MALE**  
Medical Examination Report Dated 9-6-82  
Name of Physician W M Edwards

**FEMALE**  
Medical Examination Report Dated 9-6-82  
Name of Physician W M Edwards

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

**MALE APPLICANT**  
Name Albert C Walker  
Date of Birth Sept 17 1952  
Place of Birth (State or foreign country) Indy, In  
Residence Address R#1 Box 926 Danville, In  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

**FEMALE APPLICANT**  
Name Cynthia Sue Poore  
Date of Birth Sept 22 1955  
Place of Birth (State or foreign country) Indy, In  
Residence Address 1000 A-11 Rockville Rd. Indianapolis, In  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - List the full names of any dependent children.

- ☐ Other (Specify) \_\_\_\_\_
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 G. Walker  
Residence of father (if deceased so state) Danville, In  
Birthplace of father (State or foreign country) Mass.  
9. Full maiden name of mother Rita M. Elliott  
Residence of mother (if deceased so state) deceased  
Birthplace of mother (State or foreign country) Mich

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Albert C Walker

New Address R1 BOX 126 DANVILLE IN

Subscribed and sworn to before me this 9 day of Sept, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 William Poore  
Residence of father (if deceased so state) deceased  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Dorothy Virginia Harrison  
Residence of mother (if deceased so state) Plainfield, In  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Cynthia Sue Poore

New Address R1 Box 126 Danville Ind

Subscribed and sworn to before me this 9 day of Sept, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 13 day of Sept, 1982, authorizing the joining together as husband and wife of Albert C Walker and Cynthia Sue Poore.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Larry Lilly, hereby certify that on the 17 day of Sept, 1982, at Union, County of Hendricks, State of Indiana, Groom Albert C Walker and, Bride Cynthia Sue Poore 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 Sept, 1982.

Signed Larry Lilly

Official Designation Pastor  
day of Sept, 1982

Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of Sept, 1982.



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 474  
File September 10, 1982  
Date of Application

MALE  
Medical Examination Report Dated 9-1-82  
Name of Physician T. Cammell

FEMALE  
Medical Examination Report Dated 9-2-82  
Name of Physician T. Cammell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

## MALE APPLICANT

Name Danny P. Berlin  
Date of Birth September 6 1953  
Place of Birth (State or foreign country) Indiana  
Residence Address 902B Ridgewood Plainfield Hendricks IN  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License w/picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Berlin  
Residence of father (if deceased so state) Plainfield, IN  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Frances White  
Residence of mother (if deceased so state) Deceased  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Danny P. Berlin  
New Address 902B Ridgewood Plainfield

Subscribed and sworn to before me this 10 day of September, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name Ruth L. Hall  
Date of Birth January 17 1958  
Place of Birth (State or foreign country) Maine  
Residence Address 902B Ridgewood Plainfield Hendricks IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Solomon Hall  
Residence of father (if deceased so state) Maine  
Birthplace of father (State or foreign country) Maine  
9. Full maiden name of mother Elizabeth May Bragg  
Residence of mother (if deceased so state) Maine  
Birthplace of mother (State or foreign country) Maine

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Ruth L. Hall  
New Address 902B Ridgewood Plainfield

Subscribed and sworn to before me this 10 day of September, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed \_\_\_\_\_  
County \_\_\_\_\_ Court by written order issued \_\_\_\_\_  
in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_  
of Indiana dated the 30th day of September, 1982, authorizing the joining together as husband and wife  
of Danny P. Berlin and Ruth L. Hall  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Hubert Greer, hereby certify that on the 25th day of September, 1982,  
at Plainfield Ind., County of Hendricks, State of Indiana,  
one thousand nine hundred and eighty two, of Hendricks, County, State of Indiana,  
State of Indiana, Groom Danny P. Berlin,  
and, Bride Ruth L. Hall,  
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 25th day of September, 1982.

Signed Hubert Greer  
Official Designation Pastor  
day of September, 1982  
Signed Mary Jane Russell  
Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
**HENDRICKS** County

No. 475  
File September 10, 1982  
Date of Application

**MALE**  
Medical Examination Report Dated 9-3-82  
Name of Physician Linda M. Lander, M.D.

**FEMALE**  
Medical Examination Report Dated 9-3-82  
Name of Physician Linda M. Lander, 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 Donald R. Jackson  
Date of Birth August 9, 1963  
Place of Birth (State or foreign country) Indiana  
Residence Address 5227 W. Raymond St. Indianapolis, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

**FEMALE APPLICANT**  
Name Lynne D. Cavett  
Date of Birth February 24, 1962  
Place of Birth (State or foreign country) Indiana  
Residence Address 1423 Pierce Ave. Plainfield, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - List the full names of any dependent children.

- ☐ Other (Specify) \_\_\_\_\_
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Flanagan  
Residence of father (if deceased so state) unknown  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Rena K. Pottay  
Residence of mother (if deceased so state) Indianapolis, Ind.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.

Signed Donald R. Jackson

New Address 5227 W. Raymond

Subscribed and sworn to before me this 10 day of Sept, 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, **HENDRICKS** } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Phillip Cavett  
Residence of father (if deceased so state) Plainfield, Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Veretha Mae Sylvester  
Residence of mother (if deceased so state) Plainfield, Ind.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.

Signed Lynne D. Cavett

New Address 5227 W. Raymond

Subscribed and sworn to before me this 10 day of Sept, 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, **HENDRICKS** } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the 15 day of September, 1982, authorizing the joining together as husband and wife of Donald R. Jackson and Lynne D. Cavett.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, William L. Clayton, hereby certify that on the 9 day of Oct, one thousand nine hundred and 82, at Plainfield, County of Hendricks, State of Indiana, Groom Donald R. Jackson of Indianapolis County, State of Ind. and, Bride Lynne D. Cavett of Plainfield County, State of Ind. were by me united 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, 1982.

Signed William L. Clayton

Official Designation Pastor

13 day of Oct, 1982

Signed Mary Jane Russell Clerk **HENDRICKS** Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 446  
File 9-10-82  
Date of Application

MALE  
Medical Examination Report Dated 9-9-82  
Name of Physician Radley

FEMALE  
Medical Examination Report Dated 9-9-82  
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 Benjamin A. Love  
Date of Birth February 1 1961  
Place of Birth (State or foreign country) Indiana  
Residence Address Walnut Way Brownsburg Hendricks IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Military ID w/picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☒  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☒
- Are you afflicted with a transmissible disease? No ☐ Yes ☒
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☒
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☒
- Are you now under the influence of a narcotic drug? No ☐ Yes ☒
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Dennis Love

Residence of father (if deceased so state) Brownsburg, IN

Birthplace of father (State or foreign country) Pennsylvania

9. Full maiden name of mother Carol Sue Steely

Residence of mother (if deceased so state) Brownsburg, IN

Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Benjamin A Love

New Address Walnut Way Brownsburg IN 46112

Subscribed and sworn to before me this 10 day of September, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

## FEMALE APPLICANT

Name Andrea L. Davidson  
Date of Birth February 8 1959  
Place of Birth (State or foreign country) Indiana  
Residence Address 130 N. Miley Ave Indianapolis Marion IN  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's license w/picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 J. Davidson

Residence of father (if deceased so state) Deceased

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Anna S. Pitcock

Residence of mother (if deceased so state) Indiana

Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Andrea L. Davidson

New Address 130 N. Miley Ave, Indpls, IN 46222

Subscribed and sworn to before me this 10 day of September, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day 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 September, 1982, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, George H. Hogg, hereby certify that on the 12 day of September, 1982, County of Hendricks

one thousand nine hundred and eighty-two at Brownsburg, County, State of Indiana

State of Indiana, Groom Benjamin A. Love of Hendricks County, State of Indiana

and, Bride Andrea L. Davidson 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 12 day of September, 1982.

Signed George H. Hogg

Official Designation Lutheran Pastor, 1982

Signed Mary Jane Russell Clerk

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
**HENDRICKS** County

No. 477  
File Sep 10, 1982  
Date of Application

**MALE**  
Medical Examination Report Dated 8-27-82  
Name of Physician J. Thomas Vieira M.D.

**FEMALE**  
Medical Examination Report Dated 8-27-82  
Name of Physician J. Thomas Vieira M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

**MALE APPLICANT**  
Name Varren Wayne Lawson  
Date of Birth June 6 1964  
Place of Birth (State or foreign country) Indiana  
Residence Address R.R. #1 Box 169 Chattanooga In.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

**FEMALE APPLICANT**  
Name Jennifer Lynn Stockwell  
Date of Birth October 23 1964  
Place of Birth (State or foreign country) Indiana  
Residence Address R.R. #1 Box 517 Clayton In.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - List the full names of any dependent children.

- ☐ Other (Specify) \_\_\_\_\_
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Alton Lawson  
Residence of father (if deceased so state) Chattanooga, In.  
Birthplace of father (State or foreign country) Virginia

9. Full maiden name of mother Bonnie Darrell Wills  
Residence of mother (if deceased so state) Chattanooga, In.  
Birthplace of mother (State or foreign country) Missouri Co. In.

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Robert Stockwell  
Residence of father (if deceased so state) Chattanooga  
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Wilma May Hard  
Residence of mother (if deceased so state) Clayton In.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Darren Wayne Lawson  
New Address RR1 Box 517 Clayton  
Subscribed and sworn to before me this 10 day of Sept, 19 82  
Mary Jane Russell Clerk **HENDRICKS** Circuit Court

Signed Jenny Stockwell  
New Address RR1 Box 517 Clayton  
Subscribed and sworn to before me this 10 day of Sept, 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.

**CONSENT OF PARENTS, PARENT OR GUARDIAN**  
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, **HENDRICKS** } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
\_\_\_\_\_  
Clerk

State of Indiana, **HENDRICKS** } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this 10th day of September, 19 82  
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 17th day of September, 19 82, authorizing the joining together as husband and wife of Darren Wayne Lawson and Jennifer Lynn Stockwell.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Dennis J. Dodson hereby certify that on the 18 day of Sept, one thousand nine hundred and 82 at Bellville, County of Hendricks, State of Indiana, Groom Darren Wayne Lawson and, Bride Jennifer Lynn Stockwell 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 September, 19 82.

Signed Dennis J. Dodson  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 21 day of Sept, 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. 477  
File  
Date of Application Sept 10, 1982

**MALE**  
Medical Examination Report Dated 8-27-82  
Name of Physician J. Thomas Vieira M.D.

**FEMALE**  
Medical Examination Report Dated 8-27-82  
Name of Physician J. Thomas Vieira M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

**MALE APPLICANT**  
Name First Middle Last  
Date of Birth Month Day Year  
Place of Birth (State or foreign country)  
Residence Address Street or R. R. City County State  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

**FEMALE APPLICANT**  
Name First Middle Last  
Date of Birth Month Day Year  
Place of Birth (State or foreign country)  
Residence Address Street or R. R. City County State  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - List the full names of any dependent children.

- ☐ Other (Specify) \_\_\_\_\_
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Alvin Alton Lawson  
Residence of father (if deceased so state): Chattanooga, Tenn.  
Birthplace of father (State or foreign country): Virginia
9. Full maiden name of mother: Bonnie Darrell Willis  
Residence of mother (if deceased so state): Chattanooga, Tenn.  
Birthplace of mother (State or foreign country): Missouri Co. Mo.
- State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Robert Stockwell  
Residence of father (if deceased so state): Oklahoma  
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Wilma May Hood  
Residence of mother (if deceased so state): Clayton, Mo.  
Birthplace of mother (State or foreign country): Indiana
- State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed: Jenny Stockwell  
Sept. 10, 1982  
HENDRICKS Circuit Court

Jennifer Lynne Stockwell, has my permission to apply for a marriage license. She will be getting married the 18th of Sept. to Darren Lawson. She is my daughter. I have total custody of her.

Wilma Stockwell

County \_\_\_\_\_ Court by written order issued \_\_\_\_\_  
in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties, and filed \_\_\_\_\_

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 17th day of September, 1982, authorizing the joining together as husband and wife of Darren Wayne Lawson and Jennifer Lynn Stockwell.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Dennis J. Dodson, hereby certify that on the 18th day of Sept, one thousand nine hundred and 82, at Bellville, County of Hendricks, State of Indiana, Groom: Darren Wayne Lawson, of Hendricks County, State of Ind. and, Bride: Jennifer Lynn Stockwell, 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 17th day of September, 1982.

Signed: Dennis J. Dodson  
Official Designation: Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 21st day of Sept, 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

No. 478  
File 9-13-82  
Date of Application

MALE  
Medical Examination Report Dated 8-31-82  
Name of Physician J. O. Moore

FEMALE  
Medical Examination Report Dated 8-31-82  
Name of Physician J. O. Moore

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT  
Name James First Bartlett Middle  Last  
Date of Birth 2 Month 30 Day 1953 Year  
Place of Birth (State or foreign country) Connersville, Indiana  
Residence Address P.O. Box 68, Clayton, Ind. 46118  
Previous Marital Status: Never Married ☐ OR ☐  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

FEMALE APPLICANT  
Name Phyllis First Craig Middle  Last  
Date of Birth 12 Month 13 Day 1948 Year  
Place of Birth (State or foreign country) Paoli, Indiana  
Residence Address P.O. Box 68, Clayton, Ind. 46118  
Previous Marital Status: Never Married ☐ OR ☐  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Arrests 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.  
Ryan Bartlett - 7

☐ Other (Specify) Arrests License w/Ar  
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐  
4. Are you now under the influence of intoxicating liquor? 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 Craig - 16

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.  
8. Full name of father Thomas Bradley Bartlett  
Residence of father (if deceased so state) Indianapolis, Ind.  
Birthplace of father (State or foreign country) Connersville, Ind.  
9. Full maiden name of mother Anna Sue Friend  
Residence of mother (if deceased so state) California  
Birthplace of mother (State or foreign country) Batesville, Ind.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Ellis Condra  
Residence of father (if deceased so state) Florida  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Welma Jean Buchanan  
Residence of mother (if deceased so state) Paoli, Indiana  
Birthplace of mother (State or foreign country) Paoli, Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed James M. Bartlett  
New Address P.O. Box 68 Clayton Ind. 46118  
Subscribed and sworn to before me this 13th day of September, 1982  
Mary Jane Russell Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Phyllis Craig  
New Address P.O. Box 68 Clayton Ind. 46118  
Subscribed and sworn to before me this 13th day of September, 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.

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:  
County of HENDRICKS  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
\_\_\_\_\_  
Clerk

State of Indiana, HENDRICKS } ss:  
County of HENDRICKS  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed \_\_\_\_\_  
County \_\_\_\_\_ Court by written order issued \_\_\_\_\_  
in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
Be 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 Sept, 1982, authorizing the joining together as husband and wife of James Bartlett and Phyllis Craig.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, John C. Mowrer, hereby certify that on the 25th day of Sept, 1982,  
one thousand nine hundred and eighty-two at Clayton, County of Ind,  
State of Indiana, Groom James Bartlett of Ind, County, State of Ind,  
and, Bride Phyllis Craig of Ind, County, State of Ind,  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 25th day of Sept, 1982.

Filed and recorded in accordance with the laws of the State of Indiana this 27th day of Sept, 1982.  
Signed John C. Mowrer Official Designation Judge-Ind. Co. Superior Ct. II  
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 479  
File 9-13-82  
Date of Application

MALE  
Medical Examination Report Dated 9-8-82  
Name of Physician Gabriel Hoops

FEMALE  
Medical Examination Report Dated 9-8-82  
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 Middle Last  
Date of Birth Month Day Year  
Place of Birth (State or foreign country)  
Residence Address Street or R. R. City County State  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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 Wayne Edward Perry  
Residence of father (if deceased so state) Columbus, In  
Birthplace of father (State or foreign country) Columbus, In  
9. Full maiden name of mother Marjorie Louise Johnson  
Residence of mother (if deceased so state) Columbus, In  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Dean Perry  
New Address 8800 GUSTINE LANE #3912 HOUSTON, TX 77031  
Subscribed and sworn to before me this 13 day of Sept 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

FEMALE APPLICANT  
Name First Middle Last  
Date of Birth Month Day Year  
Place of Birth (State or foreign country)  
Residence Address Street or R. R. City County State  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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 William Cwaldt Schilke  
Residence of father (if deceased so state) B'burg  
Birthplace of father (State or foreign country) Iowa  
9. Full maiden name of mother Dagmar Alli L'Jainen  
Residence of mother (if deceased so state) B'burg  
Birthplace of mother (State or foreign country) Penn.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Joan M Schilke  
New Address 8800 GUSTINE LANE #3912 HOUSTON, TX 77031  
Subscribed and sworn to before me this 13 day of Sept 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the 13 day of Sept 1982, authorizing the joining together as husband and wife  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. R. D. Lassaraki hereby certify that on the 19 day of Sept 1982, at \_\_\_\_\_ County of Hendricks, State of Indiana, Groom Greg W. Perry and, Bride Joann M. Schilke 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 19 day of Sept 1982.

Signed /s/ Rev. R. D. Lassaraki  
Official Designation Pastor  
Filed and recorded in accordance with the laws of the State of Indiana this 22 day of September, 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. 480  
File 9-13-82  
Date of Application

MALE  
Medical Examination Report Dated 8-30-82  
Name of Physician Spencer Trudgen

FEMALE  
Medical Examination Report Dated 8-30-82  
Name of Physician Spencer Trudgen

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

## MALE APPLICANT

Name Kevin Ray Andrews  
Date of Birth Sept. 3 1959  
Place of Birth (State or foreign country) Indpls.  
Residence Address 330 Pickett St. Reids Hend IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) drivers lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Carl Andrews, Jr.  
Residence of father (if deceased so state): Reids, IN

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Rachael May Clark

Residence of mother (if deceased so state): Reids, IN

Birthplace of mother (State or foreign country): IN

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kevin R. Andrews

New Address: 330 PICKETT ST.

Subscribed and sworn to before me this 13 day of April, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name Lisa Carol McGowan  
Date of Birth Nov. 21 1960  
Place of Birth (State or foreign country) Delanor, IN  
Residence Address 4175 N. 575 E. B'burg Hend IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: James Edward Mc Gowan

Residence of father (if deceased so state): B'burg

Birthplace of father (State or foreign country): IN

9. Full maiden name of mother: Carol Ardene Masten

Residence of mother (if deceased so state): B'burg

Birthplace of mother (State or foreign country): IN

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lisa C. McGowan

New Address: 330 Pickett St. PHD.

Subscribed and sworn to before me this 13 day of April, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day 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 September, 1982, authorizing the joining together as husband and wife of KEVIN RAY ANDREWS and LISA CAROL MCGOWAN

Be it further remembered, the following marriage certificate was filed in my office, to-wit: JERRY R. NASH hereby certify that on the 25 day of September, \_\_\_\_\_, County of Hendricks, State of Indiana, Groom Kevin Ray Andrews of Hendricks County, State of Indiana and, Bride Lisa Carol McGowan 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 25 day of September, 1982.

Signed /s/ Jerry R. Nash  
Official Designation Pastor  
28 day of September, 1982

Signed Mary Jane Russell  
Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 481  
File 9-13-82  
Date of Application

**MALE**  
Medical Examination Report Dated 9-9-82  
Name of Physician Walker

**FEMALE**  
Medical Examination Report Dated 9-9-82  
Name of Physician 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 Craig C. Cummings  
Date of Birth 9 3 1959  
Place of Birth (State or foreign country) Greeneville Ind.  
Residence Address 21 Hickory Ln. B'burg Ind.  
Previous Marital 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 Nershel James Cummings  
Residence of father (if deceased so state) Ohio  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Marilyn Jane Costin  
Residence of mother (if deceased so state) B'burg Ind.  
Birthplace of mother (State or foreign country) Indiana  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Craig C. Cummings  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 13 day of Sept, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Virginia L. Marsh  
Date of Birth 1 16 1964  
Place of Birth (State or foreign country) Duluth Minnesota  
Residence Address RR 1 Box 241 M. Pittsboro Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree  
☐ Other (Specify) \_\_\_\_\_

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.  
  
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.  
8. Full name of father Marble Albert Marsh  
Residence of father (if deceased so state) Indpls Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Sandra Kay Giland  
Residence of mother (if deceased so state) Pittsboro Ind.  
Birthplace of mother (State or foreign country) Indiana  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Virginia L. Marsh  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 13 day of Sept, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 13 day of Sept, 1982, authorizing the joining together as husband and wife of Craig C. Cummings and Virginia L. Marsh.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Bayron J. Pohrig hereby certify that on the 18 day of Sept, one thousand nine hundred and 82, at Pittsboro, County of Hendricks, State of Indiana, Groom Craig C. Cummings of Hendricks County, State of Ind. and, Bride Virginia L. Marsh of Hendricks County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 20 day of Sept, 1982.  
Signed Bayron J. Pohrig  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 24 day of Sept, 1982.  
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court