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71 Rotter David L.
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116 Richey, Thomas Lee
122 Roberts, Tommy M
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6 Swayer, Angela Jill
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16 Smith Debbie J.
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20 Shumaker, Thelma Leona
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36 Settles Constance E
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64 Warner, Tina Rae
79 Wernke, Theresa L.
82 Wetzel, Barbara
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362 Wade Dale A
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394 Wiseman, Walter S Jr.
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432 Wolf L. C.
434 Wroten, Mark Edward
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452 Whitelcotton, Shaila Lynn
454 Wolfe Matthew P.
463 Woods, Gail J.
464 Webb Melinda Sue
483 Walters, Gary A.
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497 Williams Pamela
506 White, Scott Andrew
508 Widdle Jung Lu Jr
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522 Wernke Sandra Denise
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Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 482

File

9-13-82
Date of Application

MALE
Medical Examination Report Dated 9-3-82
Name of Physician Thomas M. Walker

FEMALE
Medical Examination Report Dated 9-3-82
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: First Bret Middle A. Last Zimmerman

Date of Birth: Month 2 Day 11 Year 63

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

Residence Address: Street or R. R. 7 North Ridge Dr. City Plainfield County Hendricks State In. 46122

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Harold Zimmerman
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Peoria, Ill.
9. Full maiden name of mother Sharon Ann Hespot
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indianapolis, In.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

× Signed Bret A. Zimmerman

New Address R.R. 2 # Box 69 Danville

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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Dana Middle Renee Last Land

Date of Birth: Month 4 Day 2 Year 1964

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

Residence Address: Street or R. R. 140 Bassett Ave. City Danville County Hendricks State In. 46122

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

× Signed Dana Land

New Address R.R. 2 # Box 60 Danville

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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Sept, 1982, authorizing the joining together as husband and wife Bret A. Zimmerman and Dana Renee Land

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

I, Stanley A. Johnson hereby certify that on the 18 day of Sept, one thousand nine hundred and 82, at Danville, County of Hendricks, State of Indiana, Groom Bret A. Zimmerman of Hendricks County, State of Ind and, Bride Dana Renee Land 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 Stanley A. Johnson

Official Designation Minister

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

No. 483

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File 9-13-82 Date of Application

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

MALE
Medical Examination Report Dated 9-7-82
Name of Physician Kahnoski

FEMALE
Medical Examination Report Dated 9-7-82
Name of Physician Kahnoski

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

MALE APPLICANT

Name: First David Middle a. Last Benjamin

Date of Birth: Month September Day 9 Year 1948

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 935 Gary Drive City Plainfield County Hendricks State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) 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 Gene Benjamin
   Residence of father (if deceased so state) 59 Kirk Dr., Indpls., IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Anna Beele Beatton
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

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

Signed David Benjamin

New Address 935 Gary Dr. Plainfield IN

Subscribed and sworn to before me this 13 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, County of HENDRICKS } ss:

Signed .....Father

Signed .....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Therese Middle L. Last Lashbrook

Date of Birth: Month December Day 22 Year 1952

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 3603 Clark Crk. Rd. City Indianapolis County Hendricks State IN

Previous Marital Status: Never Married ☐ OR ☑

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Drivers Licens w/picture

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

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

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

Signed Therese Lashbrook

New Address 935 Gary Dr. Plainfield IN

Subscribed and sworn to before me this 13 day of September 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed .....Father

Signed .....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

HENDRICKS County ..... Court by written order issued ..... and filed

in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24 day of Sept, 19 82, authorizing the joining together as husband and wife David A. Benjamin and Therese L. Lashbrook

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

I, Keith H Kirk hereby certify that on the 16 day of Oct, one thousand nine hundred and 82 at Plainfield, County of Hendricks, State of Indiana, Groom David A. Benjamin of Hendricks County, State of Ind, and, Bride Therese L Lashbrook of Hendricks County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 16 day of Oct, 19 82.

Signed Keith H Kirk

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of Oct, 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. 484

File

9-14-82 Date of Application

MALE
Medical Examination Report Dated 9-7-82
Name of Physician Joseph Kerlin, M.D.

FEMALE
Medical Examination Report Dated 9-7-82
Name of Physician Joseph Kerlin, M.D.

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

MALE APPLICANT

Name: First David Middle [illegible] Last Alexander

Date of Birth: Month 7 Day 21 Year 1958

Place of Birth (State or foreign country) Clinton Indiana

Residence Address: Street or R. R. 3922 Wind Drift Dr. City Indpls. County [illegible] State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Driver's Licensi 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 Leth Malcom Alexander
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dolores Jean Helps
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

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

×Signed David K. Alexander

New Address 3922 Wind Drift Dr Indianapolis IN 46254

Subscribed and sworn to before me this 14th day of September, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Mary Middle Ann Last Dantzis

Date of Birth: Month 03 Day 26 Year 1960

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

Residence Address: Street or R. R. 160 Urban, City Danville, County [illegible] State In. 46122

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Driver's Licensi 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 Harry Dantzis
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Louise Mount
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

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

×Signed Mary Ann Dantzis

New Address 3922 Wind Drift Indianapolis 46254

Subscribed and sworn to before me this 14th day of September, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 September, 1982, authorizing the joining together as husband and wife David Alexander and Mary Ann Dantzis

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

I, Joseph D. Stump hereby certify that on the 18 day of Sept one thousand nine hundred and 82 at Danville, County of Hendricks, State of Indiana, Groom David Alexander of Marion County, State of Ind and, Bride Mary Ann Dantzis 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 September, 19 82.

Signed Joseph D. Stump

Official Designation Pastor

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

4

RE-MARRIAGE

No. 485

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

9-14-82 Date of Application

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

MALE
Medical Examination Report Dated 9-10-82
Name of Physician Collester

FEMALE
Medical Examination Report Dated 9-10-82
Name of Physician Collester

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

MALE APPLICANT

Name: First James Middle E. Last Powell
Date of Birth: Month 7 Day 7 Year 1939
Place of Birth (State or foreign country): Hamilton Co (Noblesville) Ind
Residence Address: Street or R. R. 257 E. Main City Carmel County Hamilton State Ind.
Previous Marital 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: Dorval Powell
   Residence of father (if deceased so state): Deceased
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Ruby Woodruff
   Residence of mother (if deceased so state): Carmel Ind.
   Birthplace of mother (State or foreign country): Noblesville Ind.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed x James E. Powell
New Address 10039 Oracle Dr. Indpls
Subscribed and sworn to before me this 14 day of September 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Madeline Middle C. Last Powell
Date of Birth: Month 11 Day 3 Year 1941
Place of Birth (State or foreign country): Indpls Ind.
Residence Address: Street or R. R. 10039 Osceola Dr. City Indpls County Hend. State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License w/picture

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

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

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed x Madeline Powell
New Address 10039 Osceola Dr. Indpls
Subscribed and sworn to before me this 14 day of September 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14 day of Sept, 19 82, authorizing the joining together as husband and wife James E. Powell and Madeline C. Powell

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

I, Ida McCormack hereby certify that on the 1 day of Oct, one thousand nine hundred and 82, at Indianapolis, County of Marion, State of Indiana, Groom James E. Powell of Hendricks County, State of Ind, and, Bride Madeline C. 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 1 day of Oct, 19 82.

Signed Ida McCormack
Official Designation Notary

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of Oct, 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. 486

File 9-14-82

Date of Application

MALE
Medical Examination Report Dated 9-4-82
Name of Physician Mandel

FEMALE
Medical Examination Report Dated 9-4-82
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: First Phillip; Middle R.; Last Brown

Date of Birth: Month 9; Day 17; Year 1957

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

Residence Address: 5146 Winterberry Dr. Street or R. R.; Indpls City; Marion County; Ind State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers 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 Herbert A. Brown
   Residence of father (if deceased so state) North Salem, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Florence Marie Keifer
   Residence of mother (if deceased so state) North Salem Ind
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Phillip R Brown

New Address 5146 #C Indianapolis, IN 46254

Subscribed and sworn to before me this 14 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.....

State of Indiana, County of HENDRICKS } ss:

Signed..... Father

Signed..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Gail; Middle L.; Last Swift.

Date of Birth: Month 6; Day 22; Year 1959

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

Residence Address: 5 Mariana Ct. Street or R. R.; B'burg City; Hend County; Ind State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers License

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

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

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Gail Swift

New Address 5146 Winterberry Dr. Indianapolis, IN 46254

Subscribed and sworn to before me this 14 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.....

State of Indiana, County of HENDRICKS } ss:

Signed..... Father

Signed..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Sept, 19 82, *authorizing the joining together as husband and wife* PHILLIP R. BROWN *and* GAIL J. SWIFT

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

DONALD TYLER *hereby certify that on the* 25 *day of* September, *one thousand nine hundred and* eighty two *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Phillip R.Brown *of* Marion *County, State of* Indiana, *and, Bride* Gail J. Swift *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* September, 19 82.

Signed /s/ Donald Tyler

Official Designation Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28 *day of* September, 1982.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 487

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

September 15, 1982
Date of Application

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

MALE
Medical Examination Report Dated 8-24-82
Name of Physician Glenn W. Baker

FEMALE
Medical Examination Report Dated 8-24-82
Name of Physician Glenn W. Baker

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

MALE APPLICANT

Name: First James Middle L. Last Haeger
Date of Birth: Month March Day 27 Year 1950
Place of Birth (State or foreign country) Indpls. Marion In.
Residence Address: Street or R. R. 8345 Chapel Pines 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. (picture)

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

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

Signed James L. Haeger
New Address 8345 Chapel Pines Dr.
Subscribed and sworn to before me this 15 day of September 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Angela Middle Jill Last Swayer
Date of Birth: Month January Day 29 Year 1954
Place of Birth (State or foreign country) Peru Miami In.
Residence Address: Street or R. R. 6965 E. 425 N. City Brownsburg County Hendricks State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers Lic. (picture)

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

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

Signed Angela Jill Swayer
New Address 8345 Chapel Pines Dr., Indpls. In 46234
Subscribed and sworn to before me this 15 day of September, 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 September, 1982, authorizing the joining together as husband and wife James L. Haeger and Angela Jill Swayer
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Douglas Pogue hereby certify that on the 17 day of Oct one thousand nine hundred and 82 at Avon, County of Hendricks, State of Indiana, Groom James L. Haeger of Marion County, State of Ind and, Bride Angela Jill Swayer of Hendricks County, State of Ind were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 17 day of Oct, 1982.

Signed Douglas Pogue
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 26 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 County

No. 488

File

Sept. 15, 1982
Date of Application

MALE
Medical Examination Report Dated 9-10-82
Name of Physician J. T. Nichols

FEMALE
Medical Examination Report Dated 9-13-82
Name of Physician J. T. Nichols

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

MALE APPLICANT

Name: First Richard Middle Dean Last Baumgan

Date of Birth: Month Jan Day 1 Year 1952

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 525 Blossom City Plainfield County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Dr. License

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

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

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

Signed Richard D Baumgan

New Address 525 Blossom Dr Plainfield

Subscribed and sworn to before me this 15 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Rhonda Middle Sue Last Deitz

Date of Birth: Month Jan Day 8 Year 1959

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 1 Box 321 City Danville County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Rhonda S. Deitz

New Address 525 Blossom Dr Plfd

Subscribed and sworn to before me this 15 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 22nd *day of* September, 1982, *authorizing the joining together as husband and wife* Richard Dean Baumgan *and* Rhonda Sue Deitz

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

I, William P. Hendricks hereby certify that on the 2 day of Oct one thousand nine hundred and 82 at Washington Twp. County of Hendricks State of Indiana, Groom Richard Dean Baumgan of Hendricks County, State of Ind and, Bride Rhonda Sue Deitz of Hendricks County, State of Ind were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 22 day of Sept, 1982.

Signed William P. Hendricks

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

8

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 489

File

Sept. 15 1982 Date of Application

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

MALE
Medical Examination Report Dated 9-13-82
Name of Physician Patrick Faley

FEMALE
Medical Examination Report Dated 9-14-82
Name of Physician Patrick Faley

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

MALE APPLICANT

Name: First Gerald Middle Dewayne Last French

Date of Birth: Month June Day 25 Year 1953

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 521 Hornaday Rd. City Brownsburg County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Dr. License

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

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

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

Signed Gerald Dewayne French

New Address 521 Hornaday Rd Brownsburg, IN

Subscribed and sworn to before me this 15 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Nancy Middle Ann Last Hawkins

Date of Birth: Month Sept Day 18 Year 1949

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 521 Hornaday Rd. City Brownsburg County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Dr. License

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

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

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

Signed Nancy Ann Hawkins

New Address 521 Hornaday Rd. Brownsburg, In.

Subscribed and sworn to before me this 15 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County in ..... 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 21 day of Sept, 1982, authorizing the joining together as husband and wife Gerald Dewayne French and Nancy Ann Hawkins

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

I, EDWARD DEAN DICKINSON hereby certify that on the 25 day of September one thousand nine hundred and eighty two at Indianapolis, County of Marion, State of Indiana, Groom GERALD DEWAYNE FRENCH of HENDRICKS County, State of INDIANA and, Bride NANCY ANN HAWKINS of MARION County, State of INDIANA were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 25 day of September, 19 82

Signed /s/Edward Dean Dickinson

Official Designation Minister of Gospel

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of September, 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. 490

File

9-17-82
Date of Application

MALE
Medical Examination Report Dated 9-16-82
Name of Physician David Hadley

FEMALE
Medical Examination Report Dated 9-16-82
Name of Physician David Hadley

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

MALE APPLICANT

Name: First Fredrous Middle L. Last Jefferson

Date of Birth: Month October Day 6 Year 1931

Place of Birth (State or foreign country) Delaware County

Residence Address: Street or R. R. R.R. 1 Box 74 City Gaston County Delaware State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) drivers lic

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

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

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

Signed X Lois A. Cardwell
New Address RR 1 Box 74 Gaston Ind.

Subscribed and sworn to before me this 17 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Lois Middle A. Last Cardwell

Date of Birth: Month July Day 30 Year 1941

Place of Birth (State or foreign country) Morgantown Ky

Residence Address: Street or R. R. R.R. 1 Box 113 City Clayton County Hend State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) 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 Floyd Fillmore McKinney
   Residence of father (if deceased so state) Morgantown Ky
   Birthplace of father (State or foreign country) Butler County, Ky
9. Full maiden name of mother Lula Myrl Gaskey
   Residence of mother (if deceased so state) Morgantown Ky
   Birthplace of mother (State or foreign country) Butler County, Ky

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

Signed X Fredrous Jefferson
New Address RR 1 Box 74 Gaston Ind.

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 21 *day of* Sept, 19 82, *authorizing the joining together as husband and wife* Fredrous L Jefferson *and* Lois A Cardwell

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

I, John C Mowrer, hereby certify that on the 21 day of Sept, one thousand nine hundred and eighty two at Danville, County of Hend, State of Indiana, Groom Fredrous L Jefferson of Delaware County, State of Ind, and, Bride Lois A. Cardwell 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 Sept, 19 82

Signed /s/ John C Mowrer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of Sept, 19 82

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

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No. 491

File

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

9-17-82 Date of Application

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

MALE
Medical Examination Report Dated 9-1-82
Name of Physician Walker

FEMALE
Medical Examination Report Dated 9-1-82
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: First Robert Middle E. Last McElwain

Date of Birth: Month 6 Day 22 Year 1958

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

Residence Address: Street or R. R. 7025 Thicketts Dr. 2A City Indpls County Marion State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers License w/picture

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

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

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

Signed Robert E. McElwain

New Address 7025 THICKETT DR. -2A

Subscribed and sworn to before me this 17 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Marcella Middle J. Last Waggoner

Date of Birth: Month 5 Day 31 Year 1958

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

Residence Address: Street or R. R. 7270 N. St. Rd. 267 City B'burg County Hend. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers License w/picture

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

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

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

Signed Marcella Jayne Waggoner

New Address 7025 Thicketts Dr. -2A Indpls 46278

Subscribed and sworn to before me this 17 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Sept, 1982, authorizing the joining together as husband and wife Robert E. McElwain and Marcella J. Waggoner

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

I, Robert Allee hereby certify that on the 2 day of Oct, one thousand nine hundred and 82 at Brownsburg, County of Hendricks, State of Indiana, Groom Robert E. McElwain of Marion County, State of Ind, and, Bride Marcella J Waggoner of Hendricks County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2 day of Oct, 1982.

Signed Robert Allee

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 26 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 County

No. 492
File
9-17-82
Date of Application

MALE
Medical Examination Report Dated 9-13-82
Name of Physician Leroy D Lewis MD

FEMALE
Medical Examination Report Dated 9-4-82
Name of Physician Leroy D. Lewis 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 exceding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Paul Middle Eugene Last Noland
Date of Birth: Month February Day 27 Year 1954
Place of Birth (State or foreign country) Warsaw Ind.
Residence Address: Street or R. R. RR #1 Box 174A City North Salem County Hendricks State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers License (picture)

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

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

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

Signed Paul Eugene Noland
New Address RR1 Box 174A N. Salem, In. 46165
Subscribed and sworn to before me this 17 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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Sue Middle Ann Last Gochenour
Date of Birth: Month March Day 30 Year 1958
Place of Birth (State or foreign country) Boone Co. In.
Residence Address: Street or R. R. 212 E East St. City Lebanon County Boone State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers License (picture)

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

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

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

Signed Sue Ann Gochenour
New Address Rt. 1, Box 174A, N. Salem, IN
Subscribed and sworn to before me this 17 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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21st day of Sept 19 82, authorizing the joining together as husband and wife Paul Eugene Noland and Sue Ann Gochenour

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

I, Mark Allen Dodd hereby certify that on the 2 day of Oct one thousand nine hundred and 82 at Old Union Church, County of Boone, State of Indiana, Groom Paul Eugene Noland of Hendricks County, State of Ind. and, Bride Sue Ann Gochenour of Boone County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2 day of Oct 19 82.

Signed Mark Allen Dodd
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of Oct 19 82.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

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No. 493

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File 9-20-82 Date of Application

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

MALE
Medical Examination Report Dated 9-16-82
Name of Physician Hadley

FEMALE
Medical Examination Report Dated 9-16-82
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 Charles Middle B. Last Gill

Date of Birth: Month 4 Day 3 Year 43

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. RR 2 Box 306 A. City Clayton County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Drivers 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 Charles Bodine Gill
   Residence of father (if deceased so state) Clayton Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Martha Alice O'Connor
   Residence of mother (if deceased so state) Clayton Ind.
   Birthplace of mother (State or foreign country) Kentucky

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

Signed Charles B Gill

New Address RR-2 Box 306A Clayton Ind

Subscribed and sworn to before me this 20 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Lisa Middle Kay Last Poor

Date of Birth: Month 4 Day 27 Year 1961

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

Residence Address: Street or R. R. Echo Lake #176 City Mooresville County Morgan State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify).....

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

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

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

Signed Lisa Kay Poor

New Address R R 2 Box 306 A Clayton, IN

Subscribed and sworn to before me this 20 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 20th day of Sept, 19 82, authorizing the joining together as husband and wife Charles B. Gill and Lisa Kay Poor

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

I, Mary Jane Russell hereby certify that on the 20 day of Sept, one thousand nine hundred and 82 at Danville, County of Hendricks, State of Indiana, Groom Charles B. Gill of Hendricks County, State of Ind, and, Bride Lisa Kay Poor of Morgan County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 20 day of Sept, 1982.

Signed Mary Jane Russell

Official Designation Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 20 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. 494

File

9-20-82
Date of Application

MALE
Medical Examination Report Dated 9-18-82
Name of Physician Michael Nulf, M.D.

FEMALE
Medical Examination Report Dated 9-18-82
Name of Physician Michael Nulf, 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 Kevin Middle M. Last Freese

Date of Birth: Month 9 Day 7 Year 1959

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

Residence Address: Street or R. R. 47 S. Main, City Southport, County, State In. 46227

Previous Marital 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/Age

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

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

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

Signed Kevin Freese

New Address 47 South Main St. Southport, Ind 46227

Subscribed and sworn to before me this 20th 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, County of HENDRICKS } ss:

Signed ____ Father

Signed ____ Mother

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

____ Clerk

FEMALE APPLICANT

Name: First Lorianne Middle L. Last Horne

Date of Birth: Month 9 Day 3 Year 1965

Place of Birth (State or foreign country) Chicago, Illinois

Residence Address: Street or R. R. P.O. Box 8, City Clayton, County, State In. 46118

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Lorianne Horne

New Address 47 S. Main St. Southport 46227

Subscribed and sworn to before me this 20th 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

Father unable to be here, but gives consent.

State of Indiana, County of HENDRICKS } ss:

Signed ____ Father

Signed Flora Horne Mother

Subscribed and sworn to before me this 20th day of September, 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 HENDRICKS County Court by written order issued ____ and filed in ____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24th day of Sept, 1982, authorizing the joining together as husband and wife Kevin M. Freese and Lorianne L. Horne

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

I, James E. Taylor hereby certify that on the 25 day of September, one thousand nine hundred and Eighty two at Clayton, County of Hendricks, State of Indiana, Groom Kevin M. Freese of Marion County, State of Indiana, and, Bride Lorianne L. Horne 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 September, 1982.

Signed James E. Taylor

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28 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. 494

File 9-20-82
Date of Application

MALE
Medical Examination Report Dated 9-18-82
Name of Physician Michael Neely, M.D.

FEMALE
Medical Examination Report Dated 9-18-82
Name of Physician Michael Neely, M.D.

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

MALE APPLICANT

Name: First Kevin Middle M. Last Freese

Date of Birth: Month 9 Day 1 Year 1959

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

Residence Address: Street or R. R. 47 S. Main City Southport County State In. 46227

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Drivers License w/Pic

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

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

× Signed Kevin Freese
New Address 47 South Main St. Southport, Ind 46227

Subscribed and sworn to before me this 20th day of September, 1982.

FEMALE APPLICANT

Name: First Roxanne Middle L. Last Thorne

Date of Birth: Month 9 Day 3 Year 1965

Place of Birth (State or foreign country) Chicago, Illinois

Residence Address: Street or R. R. P.O. Box 8 City Clayton, In. 46118 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 Wendell Wright Thorne.
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Silka, Mississippi
9. Full maiden name of mother Flora West
   Residence of mother (if deceased so state) Clayton, Indiana
   Birthplace of mother (State or foreign country) Monticello, Kentucky

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

× Signed Roxanne Thorne
New Address 47 S. Main St. Southport 46227

Subscribed and sworn to before me this 20th day of September, 1982.

I, Wendell W Thorne, hereby give my consent for my Daughter, Roxanne Thorne to marry Kevin Freese.

Wendell W Thorne

Subscribed and sworn to before me this 24 day of September 1982.

Ethel M. Hostetler
Notary Public

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one thousand nine hundred and eighty two at Clayton, State of Indiana, Groom Kevin M. Freese of Marion County, State of Indiana, and, Bride Roxanne L. Thorne 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 September, 1982.

Signed James E. Taylor
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of September, 1982.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

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No. 495

File

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

September 21, 1982
Date of Application

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

MALE
Medical Examination Report Dated —
Name of Physician —

FEMALE
Medical Examination Report Dated —
Name of Physician —

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

MALE APPLICANT

Name: First Alvie Middle — Last Boswell
Date of Birth: Month January Day 9 Year 1902
Place of Birth (State or foreign country): Lebanon County (Wash.) State Ky.
Residence Address: 1032 Street or R. R. W. 10th St. City 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.

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

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

Signed Alvie Boswell
New Address 1032 west 10
Subscribed and sworn to before me this 21 day of September, 1982.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Malissa Middle Elizabeth Last Smitha
Date of Birth: Month October Day 29 Year 1909
Place of Birth (State or foreign country) Nicholasville Ky
Residence Address: Street or R. R. 9880 W. 10th St. City Ind. County (Wash. Co.) State Lot #23-4 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.

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

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

Signed Malissa Elizabeth Smitha
New Address 1032 W. 10th St. Indpls. Ind.
Subscribed and sworn to before me this 21 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, County of HENDRICKS } ss:

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

HENDRICKS County Superior Ct #1 Court by written order issued 3 day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21st day of September, 1982, authorizing the joining together as husband and wife Alvie Boswell and Malissa Elizabeth Smitha

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

I, Mary Jane Russell hereby certify that on the 21 day of Sept one thousand nine hundred and 82 at Danville, County of Hendricks, State of Indiana, Groom Alvie Boswell of Hendricks County, State of Ind and, Bride Malissa Elizabeth Smitha 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 September, 1982.

Signed Mary Jane Russell
Official Designation Clerk

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 496

File

Sept. 21, 1982
Date of Application

MALE
Medical Examination Report Dated 9-17-82
Name of Physician Jones Black

FEMALE
Medical Examination Report Dated 9-17-82
Name of Physician Jones 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 Phillip Middle Dayne Last Mavis

Date of Birth: Month May Day 27 Year 1950

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.F.D. RR 3 Box 116 City Danville County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Phillip E Mavis
New Address RR3 Box 116 Danville

Subscribed and sworn to before me this 21 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Kay Middle Lynn Last Portteus

Date of Birth: Month Feb. Day 23 Year 1952

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.F.D. RR 3 Box 116 City Danville County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Kay L Portteus
New Address RR3 Box 116 Danville

Subscribed and sworn to before me this 21 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior 1 Court by written order issued 3 day waiver and filed in Clerks authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 21st *day of* Sept, 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, Daniel Towers hereby certify that on the 25 day of Septemb
one thousand nine hundred and Eighty Two at Danville, County of Hendricks,
State of Indiana, Groom Phillip Mavis of Hendricks County, State of Indiana,
and, Bride Kay Portteus 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 Septembe, 19 82.

Signed Daniel Towers
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of Septembe, 19 82

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

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No. 497

File

9-21-82
Date of Application

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

MALE
Medical Examination Report Dated 9-9-82
Name of Physician Scudder

FEMALE
Medical Examination Report Dated 9-9-82
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: First Glenn Middle M. Last Wing
Date of Birth: Month 9 Day 18 Year 1951
Place of Birth (State or foreign country) Lebanon Ind.
Residence Address: Street or R. R. RR 1 Box 25 City Lyston County Hend State Ind.
Previous Marital 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 Lawrence Earl Wing
   Residence of father (if deceased so state) Lyton Ind.
   Birthplace of father (State or foreign country) Lebanon, Ind.
9. Full maiden name of mother Betty Marie McMillan
   Residence of mother (if deceased so state) Lyton Ind.
   Birthplace of mother (State or foreign country) Lebanon, Ind.

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

Signed x Glenn M. Wing
New Address Not Sure

Subscribed and sworn to before me this 21 day of Sept, 19 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Debbie Middle J. Barner Last Smith
Date of Birth: Month 11 Day 6 Year 1954
Place of Birth (State or foreign country) Lebanon Ind.
Residence Address: Street or R. R. 7185 E. 7-0 N. City B'burg County Hend State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

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

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

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

Signed x Debra J. Smith
New Address Not Sure

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 29 day of Sept., 1982, authorizing the joining together as husband and wife Glenn M. Wing and Debra J. Smith

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

I, Larry J. Bellville hereby certify that on the 9 day of Oct one thousand nine hundred and 82 at Brownsburg, County of Hendricks State of Indiana, Groom Glenn M. Wing of Hendricks County, State of Ind and, Bride Debra J. 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 9 day of Oct, 19 82.

Signed Larry Bellville
Official Designation Pr Judge

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of Oct, 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. 498

File

9-21-82
Date of Application

MALE
Medical Examination Report Dated 9-14-82
Name of Physician Glenn W. Baker

FEMALE
Medical Examination Report Dated 9-14-82
Name of Physician Glenn W. Baker

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

MALE APPLICANT

Name: First Robert Middle Lee Last Everett

Date of Birth: Month 12 Day 7 Year 1947

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 522 Enderly Ave, Apt. 8, City Brownsburg, County, State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Drivers License & Ssn.

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

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

× Signed Robert Lee Everett

New Address 522 Enderly Ave Apt 8 Brownsburg In 46112

Subscribed and sworn to before me this 21st day of September, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Ellen Middle Marie Last Zenor

Date of Birth: Month 10 Day 14 Year 1953

Place of Birth (State or foreign country) Tomahawk Wisconsin

Residence Address: Street or R.R. 522 Enderly Ave. Apt. 8, City Brownsburg, County, State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☐ Other (Specify) Drivers License

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

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

× Signed Ellen Marie Zenor

New Address 522 Enderly Ave Apt 8 Brownsburg In 46112

Subscribed and sworn to before me this 21st day of September, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* September *A.D.* 82, *authorizing the joining together as husband and wife* Robert Lee Everett *and* Ellen Marie Zenor

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

I, Harry McGabel *hereby certify that on the* 2 *day of* Oct *one thousand nine hundred and* 82 *at* Rensselaer, *County of* Jasper, *State of Indiana, Groom* Robert Lee Everett *of* Hendricks *County, State of* Ind *and, Bride* Ellen Marie Zenor *of* Jasper *County, State of* Ind, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 2 *day of* Oct, 1982.

Signed Harry McGabel

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*

No. 499

File

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Sept. 21, 1982
Date of Application

MALE
Medical Examination Report Dated 9-12-82
Name of Physician Ward B. Hayward MD.

FEMALE
Medical Examination Report Dated 9-12-82
Name of Physician Ward B. Hayward 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 Jack Middle W. Last Myers
Date of Birth: Month January Day 4 Year 1956
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 10922 W. Morris City Indpls. County Marion State Ind.

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

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

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

Signed Jack W. Myers
New Address 10922 W. Morris st Indpls. In. 46231

Subscribed and sworn to before me this 21 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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Debra Middle L. Last Shands
Date of Birth: Month August Day 30 Year 1954
Place of Birth (State or foreign country) Beech Grove Marion Co. Ind.
Residence Address: Street or R. R. 10922 W. Morris City Indpls. County Marion State Ind.

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

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

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

Signed Debra L. Shands
New Address 10922 W. Morris Indpls. In 46231

Subscribed and sworn to before me this 21 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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 September, 19 82 authorizing the joining together as husband and wife Jack W. Myers and Debra L. Shands

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

I, Rev. William P. Hendricks hereby certify that on the 27 day of Sept one thousand nine hundred and eighty-two at Wash. Township, County of Hend. State of Indiana, Groom Jack W. Myers of Hend. County, State of In and, Bride Debra L. Shands of Hend. County, State of In were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 27 day of September, 19 82

Signed Rev. William P. Hendricks
Official Designation Minister, Avon Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 1 day of October, 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. 500

File

Sept. 22, 1982
Date of Application

MALE
Medical Examination Report Dated 9-16-82
Name of Physician Robert A. Hearn

FEMALE
Medical Examination Report Dated 9-16-82
Name of Physician Robert A. Hearn

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

MALE APPLICANT

Name: First Ricky Middle P. Last McElyea

Date of Birth: Month September Day 13 Year 1961

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R.R. #2 Box 214 City Danville County Hendricks State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Ricky P McElyea

New Address RR#1 Box 338

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

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Teresa Middle J. Last Wallace

Date of Birth: Month November Day 27 Year 1962

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

Residence Address: Street or R. R. R.R. #5 Box 199 City Danville County Hendricks State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Teresa J. Wallace

New Address R.R.1 Box 338

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

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 September, 1982, authorizing the joining together as husband and wife Ricky P. McElyea and Teresa J. Wallace

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

I, Stanley A. Johnson hereby certify that on the 2 day of Oct, one thousand nine hundred and 82 at Danville, County of Hendricks, State of Indiana, Groom Ricky P. McElyea of Hendricks County, State of Ind and, Bride Teresa J. Wallace of Hendricks County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2 day of Oct, 1982.

Signed Stanley A. Johnson

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

No. 501

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

Sept. 22, 1982 Date of Application

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

MALE
Medical Examination Report Dated 9-14-82
Name of Physician Larry Lovell

FEMALE
Medical Examination Report Dated 9-14-82
Name of Physician Larry Lovell

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

MALE APPLICANT

Name: First Scott Middle William Last Anderson
Date of Birth: Month July Day 2 Year 1960
Place of Birth (State or foreign country): In.
Residence Address: Street or R. R. 954 Highlands Dr. City Plainfield County In. State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

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

Signed Scott William Anderson
New Address 9 Locust Dr.
Subscribed and sworn to before me this 22 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.....

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Thelma Middle Leona Last Shumaker
Date of Birth: Month April Day 23 Year 1964
Place of Birth (State or foreign country): Texas
Residence Address: Street or R. R. 1429 Sabrina Ct. City Plainfield County In. State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

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

Signed Thelma Leona Shumaker
New Address 9 Locust Dr. Plainfield
Subscribed and sworn to before me this 22 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.....

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 22th day of Sept, 1982, authorizing the joining together as husband and wife Scott William Anderson and Thelma Leona Shumaker.

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

I, Charles D. Robertson hereby certify that on the 3 day of Oct, one thousand nine hundred and 82, at Spencer, County of Owen, State of Indiana, Groom, Scott William Anderson of Hendricks County, State of Ind, and, Bride, Thelma Leona Shumaker of Hendricks County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 3 day of Oct, 1982.

Signed Charles D. Robertson
Official Designation Pastor

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

No. 501
File
Sept. 22 19[illegible]
Date of Application
9-14-82
Lorrall
any false statement, representation or
PPLICANT
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Year 1964
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Annulment ☐
Judicial Decree
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Ellen Shumaker
Same
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Ollie Smith
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22 day of Sept
Clerk HENDRICKS Circuit
UARDIAN
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of the other parent unnecessary
} ss:
day of
efused to the above named parties.
ed parties.
HENDRICKS Circuit
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, County of Dear
County, State of Ind
County, State of Ind
HENDRICKS
it Court of
Robertson
, 19 82
HENDRICKS Circuit

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 502
File
9-22-82
Date of Application

MALE
Medical Examination Report Dated 9-15-82
Name of Physician Steven Belly, M.D.

FEMALE
Medical Examination Report Dated 9-16-82
Name of Physician Steven Belly, 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 William Middle H. Last Winings
Date of Birth: Month 10 Day 5 Year 1960
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R. R. 9175 E. US 136 City Brownsburg County In. State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Illinois License w/Pic

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

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

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

Signed William A. Winings
New Address 9175 E. US 136 Brownsburg
Subscribed and sworn to before me this 22nd day of September, 19 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Kelly Middle A. Last Foist
Date of Birth: Month 11 Day 26 Year 1958
Place of Birth (State or foreign country) Terre Haute, Indiana
Residence Address: Street or R. R. 9175 E. U.S. 36 City Brownsburg County In. State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Illinois License w/Pic

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

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

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

Signed Kelly A. Foist
New Address 9175 E US 136 B'burg
Subscribed and sworn to before me this 22nd day of September, 19 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County 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 30th day of September, 19 82 authorizing the joining together as husband and wife Wm. A. Winings and Kelly A. Foist

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

I John C. Mourer hereby certify that on the 30 day of Sept. one thousand nine hundred and eighty-two at Danville County of Hendricks State of Indiana, Groom William A. Winings of Ind. County, State of In. and, Bride Kelly Foist of Ind. County, State of In. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 30th day of Sept., 19 82.

Signed John C. Mourer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 1 day of October, 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. 503

File

9-22-82 Date of Application

MALE
Medical Examination Report Dated 9-21-82
Name of Physician Datta

FEMALE
Medical Examination Report Dated 9-21-82
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 Laurence Middle W. Last Hawkins

Date of Birth: Month 12 Day 30 Year 1962

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

Residence Address: Street or R. R. PSC 1 Box 429 Offut AFB City Omaha County Sarpi State Nebraska

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Laurence W. Hawkins

New Address

Subscribed and sworn to before me this 22 day of Sept., 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Pamela Middle Last Beanstetter

Date of Birth: Month 1 Day 4 Year 1963

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

Residence Address: Street or R. R. RR1 Box 513 City Clayton County Hend. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Pamela Beanstetter

New Address

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the in HENDRICKS County Clerks Office Superior I Court by written order issued 3-day waiver and filed authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 22 day of Sept, 19 82, 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 C. Buck and hereby certify that on the 24 day of September, one thousand nine hundred and eighty two at Hazelwood, County of Hendricks, State of Indiana, Groom Lawrence Hawkins of Decatur County, State of Indiana, and, Bride Pamela Beanstetter 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 September, 19 82.

Signed Donald C. Buck

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of September, 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. 504

File 9-22-82
Date of Application

MALE
Medical Examination Report Dated 9-20-82
Name of Physician Thomas M. Walker

FEMALE
Medical Examination Report Dated 9-20-82
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: First Robert Middle Craig Last Tucker

Date of Birth: Month 10 Day 22 Year 1959

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

Residence Address: Street or R. R. 61 Ridge Way Dr. City Brownsburg County Hn. State 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.

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

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

Signed Robert Craig Tucker

New Address 139-14 Airport Rd. W. Lafayette, IN 47907

Subscribed and sworn to before me this 22nd day of September, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Nola Middle Ann Last King

Date of Birth: Month 4 Day 4 Year 1964

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

Residence Address: Street or R. R. RR#1, Box 214B City Pittsboro County In. State 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)

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

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

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

Signed Nola Ann King

New Address 139-14 Airport Rd. W. Lafayette, In 47907

Subscribed and sworn to before me this 22nd day of September, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 22nd day of September, 1982, authorizing the joining together as husband and wife Robert Craig Tucker and Nola Ann King

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

I, James A. Jones hereby certify that on the 2 day of Oct, one thousand nine hundred and 82 at Brownsburg, County of Hendricks, State of Indiana, Groom Robert Craig Tucker of Hendricks County, State of Ind and, Bride Nola Ann King of Hendricks County, State of Ind were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2 day of Oct, 1982.

Signed James A. Jones

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of Oct, 1982.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 505

File

Date of Application 9-22-82

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-9-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 9-21-82
Name of Physician Loren Martin

FEMALE
Medical Examination Report Dated 9-21-82
Name of Physician Loren Martin

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

MALE APPLICANT

Name: First Marvin Middle Joe Last Selig

Date of Birth: Month May Day 11 Year 1961

Place of Birth (State or foreign country) Indpls.

Residence Address: Street or R. R. 12437 W. Lockerbie Rd. City Indpls. County Hend. State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) drivers lic

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

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

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

Signed Marvin J. Selig

New Address Michigan St. Speedway Ind

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

Signed .....Father

Signed .....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Kim Middle Ileen Last Maddock

Date of Birth: Month October Day 11 Year 1958

Place of Birth (State or foreign country) Indpls.

Residence Address: Street or R. R. 511 W. 15th St. City Speedway 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

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Robert Maddock, Sr.
   Residence of father (if deceased so state) New York
   Birthplace of father (State or foreign country) Indpls.
9. Full maiden name of mother Betty Joanne Doo Doomey
   Residence of mother (if deceased so state) New York
   Birthplace of mother (State or foreign country) Evansville, In

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

Signed Kim-I. Maddock

New Address Michigan St. Speedway Ind.

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

Signed .....Father

Signed .....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24 day of Sept-, 19 82, authorizing the joining together as husband and wife Marvin Joe Selig and Kim Ileen Maddock

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

I, Rev. J. Allan Conley hereby certify that on the 9th day of October, one thousand nine hundred and eighty-two at Right & Life Free Methodist Church, County of Marion, State of Indiana, Groom Marvin Joe Selig of Marion County, State of Indiana, and, Bride Kim Ileen Maddock of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 9th day of October, 19 82.

Signed /s/Rev. J. Allan Conley

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14th day of October, 19 82

Signed /s/Mary Jane Russell Clerk

HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 506

File Sept 23, 1982
Date of Application

MALE
Medical Examination Report Dated 9-21-82
Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated 9-21-82
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 Robert Middle Earl Last Williams

Date of Birth: Month May Day 13 Year 1943

Place of Birth (State or foreign country) Ind.

Residence Address: 11519 Paramount Street or R. R. Houston City County State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

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

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Robert E Williams
New Address 210 N Adams Brownsburg Indiana

Subscribed and sworn to before me this 23 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Sharon Middle Kay Last Fryer

Date of Birth: Month Jan Day 15 Year 1963

Place of Birth (State or foreign country) Ind.

Residence Address: 210 N. Adams Street or R. R. Brownsburg City County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) 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
   Mikala Fryer
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 O Curfman
   Residence of father (if deceased so state) Durand
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Dena Rushing
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Ill.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Sharon K Fryer
New Address 210 North Adams Brownsburg

Subscribed and sworn to before me this 23 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, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24 day of Sept 19 82, authorizing the joining together as husband and wife ~~James Bar~~ Robert E Williams and Sharon Kay Fryer

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

I, Anthony C Guido hereby certify that on the 24 day of Sept, one thousand nine hundred and eighty-two at Danville, In, County of Hend., State of Indiana, Groom Robert E. Williams of Houston County, State of Texas, and, Bride Sharon Kay Fryer 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 Sept, 19 82.

Signed Anthony C. Guido
Official Designation Judge Pro-Tempore

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of Sept, 19 82.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 507

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File 9-23-82 Date of Application

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

MALE
Medical Examination Report Dated 9-21-82
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 9-21-82
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 George Middle Thomas Last Patton

Date of Birth: Month March Day 3 Year 1955

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

Residence Address: Street or R. R. 230 Avon Ave. City Plfd County Hend State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) drivers 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 John Howard Patton
   Residence of father (if deceased so state) Elnora, In
   Birthplace of father (State or foreign country) Inn.
9. Full maiden name of mother Eleanor Ann Oldham
   Residence of mother (if deceased so state) Elnora In
   Birthplace of mother (State or foreign country) Connersville, In

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

Signed ✓ George T. Patton

New Address 230 AVON AVE Plainfield IN

Subscribed and sworn to before me this 23 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Emily Middle Clissa Last Trammell

Date of Birth: Month Nov. Day 29 Year 1954

Place of Birth (State or foreign country) Mt. Carmel, Illinois

Residence Address: Street or R. R. 1008 Cambridge Dr. City Plfd County Hend State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) drivers lic

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Lee Trammell
   Residence of father (if deceased so state) Plfd
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Vena Alberta Allen
   Residence of mother (if deceased so state) Plfd.
   Birthplace of mother (State or foreign country) Illinois

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

Signed ✓ Emily C. Trammell

New Address 230 AVON AVE, Plainfield, IN Sept. 88

Subscribed and sworn to before me this 23 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 1 day of Oct., 19 82, authorizing the joining together as husband and wife George Thomas Patton and Emily Clissa Trammell

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

I, John C. Mourer hereby certify that on the 1st day of October one thousand nine hundred and eighty two at Danville, County of Hend, State of Indiana, Groom George Thomas Patton of Hend County, State of In., and, Bride Emily E. Trammell of Hend County, State of In., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 1st day of October, 19 82.

Signed John C. Mourer

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 1 day of October, 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. 508

File 9-23-82
Date of Application

MALE
Medical Examination Report Dated 9-14-82
Name of Physician L. Trammell

FEMALE
Medical Examination Report Dated 9-15-82
Name of Physician L. Trammell

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

MALE APPLICANT

Name: First Travis Middle R. Last Yates
Date of Birth: Month May Day 2 Year 1939
Place of Birth (State or foreign country) Indianapolis, In
Residence Address: Street or R. R. 9268 W. Washington St. City Indianapolis County State In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) 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.
   Misty Yates 17
   Cory Yates 11
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Travis Travis Yates
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Daisy Alva Draper
   Residence of mother (if deceased so state) Indianapolis, In
   Birthplace of mother (State or foreign country) Tenn.

State of Indiana, County of HENDRICKS } ss:
I depose and state the information given in this application is true and correct.
Signed Travis Yates
New Address 9268 W. Washington St.
Subscribed and sworn to before me this 23 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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Patricia Middle J. Last Trump
Date of Birth: Month Jan Day 1 Year 1948
Place of Birth (State or foreign country) Indianapolis, In
Residence Address: Street or R. R. 207 Holiday Dr. City Plainfield County State In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers Lic w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Donny Trump 14
   Timmy Trump 13
   Joey Trump 11
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Maurice Edwin Grace
   Residence of father (if deceased so state) Plainfield, In
   Birthplace of father (State or foreign country) Ind
9. Full maiden name of mother Joan Edwards
   Residence of mother (if deceased so state) Plainfield, In
   Birthplace of mother (State or foreign country) Ind

State of Indiana, County of HENDRICKS } ss:
I depose and state the information given in this application is true and correct.
Signed Patricia J. Trump
New Address 9268 W. Washington St.
Subscribed and sworn to before me this 23 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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Sept., 19 82, authgrizing the joining together as husband and wife Travis R. Yates and Patricia J Trump
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Donald G. Lambert hereby certify that on the 2 day of Oct, one thousand nine hundred and 82 at Bridgeport, County of Marion, State of Ind, Groom Travis R. Yates of Marion County, State of Ind, and, Bride Patricia J. Trump of Hendricks County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 12 day of Oct, 1982.
Signed Donald G. Lambert
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 12 day of Oct, 19 82.
Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 509

File

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Sept. 24, 1982
Date of Application

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

MALE
Medical Examination Report Dated 9-20-82
Name of Physician Robert A. Hearn

FEMALE
Medical Examination Report Dated 9-20-82
Name of Physician Robert A. Hearn

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

MALE APPLICANT

Name: First James Middle A. Last Hess
Date of Birth: Month February Day 9 Year 1961
Place of Birth (State or foreign country) Cleveland
Residence Address: Street or R. R. RR #2 Box 34 City Danville County — State In.

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

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

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

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

Signed James A Hess
New Address RR 2 BOX 34 Danville In 46122
Subscribed and sworn to before me this 24 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.....

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Sharon Middle R. Last Hall
Date of Birth: Month December Day 15 Year 1958
Place of Birth (State or foreign country) Kalamazoo Michigan
Residence Address: Street or R. R. RR #2 Box 34 City Danville County — State In.

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

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

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

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

Signed Sharon R. Hall
New Address RR 2 Box 34, Danville, In 46122
Subscribed and sworn to before me this 24 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.....

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 3 day waver 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 September, 1982, authorizing the joining together as husband and wife JAMES A. HESS and SHARON R. HALL

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

I, Dale Alan Rumble hereby certify that on the 24th day of September one thousand nine hundred and eighty two at Danville, County of HEndricks, State of Indiana, Groom James A. Hess of Hendricks County, State of Indiana, and, Bride Sharon R. Hall of Kalamazoo County, State of Michigan, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 24 day of September, 19 82

Signed /s/ D. Alan Rumble
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28 n day of September, 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. 510

File

9-24-82
Date of Application

MALE
Medical Examination Report Dated 9-13-82
Name of Physician Thomas M. Walker

FEMALE
Medical Examination Report Dated 9-13-82
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: First Mark Middle Steven Last Skinner

Date of Birth: Month 9 Day 12 Year 1958

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: Street or R. R. 524 Lawndale Dr. City Plainfield County Hen. State 46168

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Drivers License

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

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

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

Signed Mark Skinner

New Address 524 Lawndale DR. PLFD

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

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Sondra Middle Dee Last Morgan

Date of Birth: Month 6 Day 24 Year 1961

Place of Birth (State or foreign country) Richmond Indiana

Residence Address: Street or R. R. R.R. #1, Box 142, City Danville, County ·, State Indiana 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)

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

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

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

Signed Sondra Dee Morgan

New Address 524 Lawndale Dr. Plainfield

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

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Sept, 19 82, authorizing the joining together as husband and wife Mark Steven Skinner and Sondra Dee Morgan

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

I, Robert E. Davis hereby certify that on the 3 day of Oct, one thousand nine hundred and 82 at Indianapolis, County of Marion, State of Indiana, Groom Mark Steven Skinner of Hendricks County, State of Ind and, Bride Sondra Dee 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 3 day of Oct, 19 82.

Signed Robert E. Davis

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of Oct, 19 82.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 571

File

Date of Application 9-24-82

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

MALE
Medical Examination Report Dated 9-8-82
Name of Physician Hugh Z. Naftolin

FEMALE
Medical Examination Report Dated 8-27-82
Name of Physician Robert R. Miller, 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 Bruce Last Johnston Jr.
Date of Birth: Month 10 Day 24 Year 1957
Place of Birth (State or foreign country) Pittsburgh, Pennsylvania
Residence Address: Street or R. R. 10611 Clematis Ln. City Houston County State Texas 77035
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

Signed James Bruce Johnston Jr.
New Address 10611 Clematis Ln. Houston, TX 77035
Subscribed and sworn to before me this 24th 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Elizabeth Middle Karol Last Roark
Date of Birth: Month 7 Day 30 Year 1956
Place of Birth (State or foreign country) Shreveport Louisiana
Residence Address: Street or R. R. P.O. Box 889-395 City Mountain Valley County State California
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

Signed Elizabeth K. Roark
New Address 10611 Clematis Houston TX 77035
Subscribed and sworn to before me this 24th 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... 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 24 day of September, 1982, authorizing the joining together as husband and wife JAMES BRUCE JOHNSTON JR. and ELIZABETH KAROL ROARK

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

I, WILLIAM A. PAPPANO hereby certify that on the 25th day of SEPT., one thousand nine hundred and 82 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom JAMES BRUCE JOHNSTON JR. of HARRIS County, State of TEXAS, and, Bride ELIZABETH KAROL ROARK of ORANGE 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 25th day of SEPT., 1982.

Signed /s/ WILLIAM PAPPANO
Official Designation CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of MAY, 1982.

Signed ..... Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 512

File

9-24-82
Date of Application

MALE
Medical Examination Report Dated 9-17-82
Name of Physician Collester

FEMALE
Medical Examination Report Dated 9-17-82
Name of Physician Collester

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

MALE APPLICANT

Name: First Ricky Middle T. Last Holloway

Date of Birth: Month 11 Day 24 Year 1959

Place of Birth (State or foreign country): Concord Vermont

Residence Address: Street or R. R. 506 Avon Rd. City Plfd. County Hend. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 E. Holloway
   Residence of father (if deceased so state) Plfd Ind.
   Birthplace of father (State or foreign country) Vermont
9. Full maiden name of mother Jane L. Donovan
   Residence of mother (if deceased so state) Plfd Ind.
   Birthplace of mother (State or foreign country) New Hampshire CT.

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

Signed Ricky T Holloway

New Address

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

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Anna Middle S. Last Nevins

Date of Birth: Month 9 Day 12 Year 1964

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

Residence Address: Street or R. R. 504 Avon Rd. City Plfd. County Hend. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed X

New Address Anna Nevins

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

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 29 *day of* Sept. *, 19*82*, authorizing the joining together as husband and wife and .....*

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

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

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

Signed .....

Official Designation .....

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

Signed ..... Clerk

HENDRICKS *Circuit Court*

No. 513

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File 9-27-82 Date of Application

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

MALE
Medical Examination Report Dated 9-22-82
Name of Physician Timothy Griest

FEMALE
Medical Examination Report Dated 9-22-82
Name of Physician Timothy Griest

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

Date of Birth: Month Jan Day 6 Year 1950

Place of Birth (State or foreign country) Indpls.

Residence Address: 9330 N. 16th St. #3W. Dr. City Indpls. County Hend State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Jeffrey A. Wayman

New Address

Subscribed and sworn to before me this 27 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Linda Middle D. Last Smith-Forst

Date of Birth: Month Jan Day 11 Year 1953

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

Residence Address: 9330 N. 16th St. #3W. Dr. City Indpls County Hend State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify)

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

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

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

Signed Linda Smith-Forst

New Address

Subscribed and sworn to before me this 27 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Oct, 1982, authorizing the joining together as husband and wife Jeffrey Alan Wayman and Linda D. Smith-Forst

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

I, John C. Mowrer hereby certify that on the 9 day of Oct, one thousand nine hundred and 82, at Indianapolis, County of Hendricks, State of Indiana, Groom Jeffrey Alan Wayman of Hendricks County, State of Ind, and, Bride Linda D. Smith-Forst of Hendricks County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 9 day of Oct, 1982.

Signed John C. Mowrer

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of Oct, 1982.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-1-8-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 514

File

9-27-82
Date of Application

MALE
Medical Examination Report Dated 9-24-82
Name of Physician Calla

FEMALE
Medical Examination Report Dated 9-24-82
Name of Physician Calla

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

MALE APPLICANT

Name: David D. Brinson
Date of Birth: Month 6 Day 12 Year 1955
Place of Birth (State or foreign country): Kokomo Ind.
Residence Address: Rt 2 Street or R. R. Plfd City Hend County Ind State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
✓ Other (Specify): Drivers 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: Frederick Brinson
   Residence of father (if deceased so state): Kokomo Ind.
   Birthplace of father (State or foreign country): Kokomo Ind.
9. Full maiden name of mother: Norma Marie Mann
   Residence of mother (if deceased so state): Kokomo Ind.
   Birthplace of mother (State or foreign country): Flint Mich.

State of Indiana, County of HENDRICKS } ss:
I depose and state the information given in this application is true and correct.
Signed David D Brinson
New Address Rt 2 Plainfield Ind
Subscribed and sworn to before me this 27 day of Sept 19 82
Mary Jane Russell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: Jean M. Palosky
Date of Birth: Month 3 Day 29 Year 1957
Place of Birth (State or foreign country): Rochester NH.
Residence Address: Rt 2. Plfd City Hend County Ind State
Previous Marital Status: Never Married ✓ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
✓ Other (Specify): Drivers License

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

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

State of Indiana, County of HENDRICKS } ss:
I depose and state the information given in this application is true and correct.
Signed Jean M Palosky
New Address Rt 2 Plainfield Ind
Subscribed and sworn to before me this 27 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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 October, 19 82, authorizing the joining together as husband and wife David D Brinson and Jean M Palosky

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

I, Bradley M Brinson hereby certify that on the 2 day of Oct, one thousand nine hundred and 82 at 1:00 P.M., County of Howard, State of Indiana, Groom David D Brinson of Howard County, State of Ind, and, Bride Jean M Palosky of Howard County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2 day of Oct, 19 82.

Signed Bradley M. Brinson
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 4 day of Oct, 19 82.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 515

File

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

9-28-82 Date of Application

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

MALE
Medical Examination Report Dated 9-18-82
Name of Physician Sinkavic

FEMALE
Medical Examination Report Dated 9-18-82
Name of Physician Sinkavic

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

MALE APPLICANT

Name: First Steve Middle C. Last Eggers
Date of Birth: Month 6 Day 30 Year 1957
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R. R. 1137 N. Whitcomb City Indpls County Marion State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

Signed x Steve Eggers
New Address 1137 Whitcomb Ave apt #D
Subscribed and sworn to before me this 28 day of September 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Linda Middle D. Last Bills
Date of Birth: Month 8 Day 7 Year 1961
Place of Birth (State or foreign country) Shelbyville Ind.
Residence Address: Street or R. R. 12923 Rockville Rd. City Indpls County Hend. State Ind
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

Signed x Linda Bills
New Address 1137 N. Whitcomb Ave # D
Subscribed and sworn to before me this 28 day of September 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 5th day of October, 19 82, authorizing the joining together as husband and wife Steve C. Eggers and Linda D. Bills

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

I, Larry Lilly hereby certify that on the 9 day of Oct one thousand nine hundred and 82 at Avon, County of Hendricks, State of Indiana, Groom Steve C. Eggers and, Bride Linda D. Bills of Hendricks County, State of Ind were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 9 day of Oct, 19 82.

Signed Larry Lilly
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of Oct, 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. 516

File

9-28-82
Date of Application

MALE
Medical Examination Report Dated 9-21-82
Name of Physician Mentendick

FEMALE
Medical Examination Report Dated 9-21-82
Name of Physician Mentendick

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

MALE APPLICANT

Name: First James Middle H. Last Andrews

Date of Birth: Month 6 Day 15 Year 1947

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

Residence Address: Street or R. R. 337 N. Vine City Plfd County Hend State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Drivers License

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

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

Signed x James H. Andrews
New Address 337 N. Vine Plainfield

Subscribed and sworn to before me this 28 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Cindy Middle J Last Campbell

Date of Birth: Month 5 Day 20 Year 1951

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

Residence Address: Street or R. R. 337 N. Vine City Plfd County Hend State Ind.

Previous Marital Status: Never Married ☐ OR ☑

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers License

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

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

Signed x Cindy J. Campbell
New Address 337 N. Vine Plainfield

Subscribed and sworn to before me this 28 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 4 day of October, 19 82 authorizing the joining together as husband and wife James Andrews and Cindy Campbell

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

I, Charles W. Sanders hereby certify that on the 9 day of Oct, one thousand nine hundred and 82 at Chapel Ridge, County of Marion, State of Indiana, Groom James H. Andrews of Marion County, State of Ind and, Bride Cindy J. Campbell of Hendricks County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 9 day of Oct, 19 82.

Signed Charles W. Sanders

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of Oct, 19 82.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 517

File

9-28-82
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

MALE
Medical Examination Report Dated 9-24-82
Name of Physician Kerlin

FEMALE
Medical Examination Report Dated 9-24-82
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 Charles Middle E. Last Taylor
Date of Birth: Month 5 Day 24 Year 1960
Place of Birth (State or foreign country) Inds. Ind.
Residence Address: Street or R. R. RR3 Box 32C City Clayton County Hend State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

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

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

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

Signed Charles E Taylo
New Address 7120 Heather Ridge E CT Apt # 204
Subscribed and sworn to before me this 28 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Constance Middle E. Last Goens Settles
Date of Birth: Month 8 Day 20 Year 1958
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R. R. 5725 Port Lillian Dr. City Indpl County Marion State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☑
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

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

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

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

Signed Constance E. Settles
New Address 7120 Heather Ridge Ct apt 204
Subscribed and sworn to before me this 28 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, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 4th day of October, 1982, authorizing the joining together as husband and wife Charles E Taylo and Constance E Settles

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

I, Albert Ray Jr hereby certify that on the 10 day of Oct one thousand nine hundred and 82 at Faith Baptist Church, County of Hendricks, State of Indiana, Groom Charles E Taylo of Hendricks County, State of Ind and, Bride Constance E. Settles 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 10 day of Oct, 1982.

Signed Albert Ray, Jr
Official Designation Ass. Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 12 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 County

No. 518

File

9-28-82
Date of Application

MALE
Medical Examination Report Dated 9-16-82
Name of Physician Michael Neely

FEMALE
Medical Examination Report Dated 9-16-82
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 Stephen Middle Denton Last Smith

Date of Birth: Month Sept Day 13 Year 1952

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

Residence Address: Street or R.R. 201 W. Broadway City D'ville 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

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

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

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

Signed X Stephen Smith
New Address 201 W. Broadway

Subscribed and sworn to before me this 28 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

State of Indiana, County of ____ } ss:

Signed ____ Father

Signed ____ Mother

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

____ Clerk

FEMALE APPLICANT

Name: First Lorraine Middle Maria Last Cregar

Date of Birth: Month July Day 30 Year 1957

Place of Birth (State or foreign country) Massachusetts

Residence Address: Street or R.R. 201 W. Broadway City D'ville 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

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Arthur Cregor
   Residence of father (if deceased so state) Mass
   Birthplace of father (State or foreign country) Mass.
9. Full maiden name of mother Maria Madeline Strickland
   Residence of mother (if deceased so state) Rfld
   Birthplace of mother (State or foreign country) Mass.

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

Signed X Lorraine M. Cregar
New Address 201 W. Broadway

Subscribed and sworn to before me this 28 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

State of Indiana, County of HENDRICKS } ss:

Signed ____ Father

Signed ____ Mother

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

____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 8 day of October, 19 82, authorizing the joining together as husband and wife Stephen Denton Smith and Lorraine Maria Cregar

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

I, John C. Mowrer hereby certify that on the 8 day of Oct, one thousand nine hundred and 82 at Danville, County of Hendricks, State of Indiana, Groom Stephen Denton Smith of Hendricks County, State of Ind and, Bride Lorraine Marie Cregar of Hendricks County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 8 day of Oct, 19 82

Signed John C. Mowrer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of Oct, 19 82

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 519

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

9-29-82 Date of Application

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

MALE
Medical Examination Report Dated 9-27-82
Name of Physician Thomas M. Walker

FEMALE
Medical Examination Report Dated 9-27-82
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: First David Middle L. Last Clary

Date of Birth: Month 4 Day 13 Year 1955

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

Residence Address: Street or R. R. 890 Ridgewood Dr., Apt 206C City Plainfield County Hn. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Drivers License w/Pic

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Dennis Clary
   Residence of father (if deceased so state): Elwood, Indiana.
   Birthplace of father (State or foreign country): Elwood, Indiana
9. Full maiden name of mother: Vota D. Rich
   Residence of mother (if deceased so state): Elwood Indiana
   Birthplace of mother (State or foreign country): Kentucky

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

× Signed David L Clary

New Address 890 Ridgewood Dr. 206-C

Subscribed and sworn to before me this 29th day of September, 19 82.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Rhonda Middle Lynn Last Ricketts

Date of Birth: Month 5 Day 7 Year 1963

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

Residence Address: Street or R. R. 890 Ridgewood Dr, Apt 206C City Plainfield County Hn. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

× Signed Rhonda L Ricketts

New Address 890 Ridgewood Dr apt 206

Subscribed and sworn to before me this 29th day of September, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 29th day of September, 19 82, authorizing the joining together as husband and wife David L Clary and Rhonda Lynn Ricketts

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

I, Dewey A. Thackston hereby certify that on the 23 day of Oct, one thousand nine hundred and 82 at Plainfield, County of Hendricks, State of Indiana, Groom David L Clary of Hendricks County, State of Ind and, Bride Rhonda Lynn Ricketts 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 Oct, 19 82.

Signed Dewey A. Thackston

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of Oct, 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. 520

File

9-29-82
Date of Application

MALE
Medical Examination Report Dated 9-24-82
Name of Physician Black

FEMALE
Medical Examination Report Dated 9-24-82
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: First Jackie Middle H. Last McCarty Sr.

Date of Birth: Month 4 Day 22 Year 1948

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

Residence Address: Street or R. R. 7452 Rockleigh City Indpls County Marion State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers License

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

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

Signed Jackie H McCarty Sr.
New Address 7452 Rockleigh Ave, Indpls Ind 46224

Subscribed and sworn to before me this 29 day of Sept, 19 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Janet Middle Sue Last Stayte Neal

Date of Birth: Month 12 Day 13 Year 1946

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

Residence Address: Street or R. R. 31 Martin City Danville County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers License

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

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

Signed Janet S Neal
New Address 7452 Rockleigh Ave, Indpls, Ind 46224

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

Signed.....Father

Signed.....Mother

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

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 8th day of October, 19 82, authorizing the joining together as husband and wife Jackie H. McCarty, Sr. and Janet Sue Neal

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

I, John C. Mowrer hereby certify that on the 8 day of Oct, one thousand nine hundred and 82 at Danville, County of Hendricks, State of Indiana, Groom Jackie H. McCarty, Sr. of Marion County, State of Ind. and, Bride Janet Sue 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 HENDRICKS County.

Dated this 8 day of Oct, 19 82.

Signed John C. Mowrer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of Oct, 19 82.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 521

File

9-29-82
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

MALE
Medical Examination Report Dated 9-29-82
Name of Physician Patrick L. Daley, M.D.

FEMALE
Medical Examination Report Dated 9-29-82
Name of Physician Patrick L. Daley, 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 Jeffrey Middle W. Last Hauser

Date of Birth: Month 8 Day 23 Year 1961

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

Residence Address: Street or R. R. 6480 Springhill Way Apt 171 City Indpls. County Marion State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Drivers License w/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 Ronald D. Hauser
   Residence of father (if deceased so state) Indpls, In
   Birthplace of father (State or foreign country) Indpls. In.
9. Full maiden name of mother Mary Catherine Patten
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Indpls, In.

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

× Signed Jeffrey W. Hauser

New Address 6480 Springhill Way #171 Indpls, In.

Subscribed and sworn to before me this 29th day of September, 19 82.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Mary Middle A. Last Riegel

Date of Birth: Month 4 Day 13 Year 1962

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

Residence Address: Street or R. R. 513 Thorne City Brownsburg County Hendricks State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

× Signed Mary A. Riegel

New Address 6480 Springhill Way Apt. 171 Indpls

Subscribed and sworn to before me this 29th day of September, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 5th day of October, 19 82, authorizing the joining together as husband and wife JEFFREY W. HAUSER and MARY A. RIEGEL

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

I, WILLIAM A. PAPPANO hereby certify that on the 9th day of OCT., one thousand nine hundred and 82 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom JEFFREY W. HAUSER of MARION County, State of INDIANA, and, Bride MARY A. RIEGEL 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 9th day of OCT., 19 82.

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 Connie Hauser Clerk

HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 522

File

9-30-82
Date of Application

MALE
Medical Examination Report Dated 9-28-82
Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated 9-30-82
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 Larry Middle Eugene Last Gray

Date of Birth: Month September Day 27 Year 1944

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 123 Vermont City Brownsburg County Hendricks State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) drivers 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.
   John Gray
   Stephen Gray
   Larry "
   Alice "
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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 Eugene Gray
   Residence of father (if deceased so state) Missed
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mona Louise Booher
   Residence of mother (if deceased so state) Brownsburg In.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Larry Eugene Gray
New Address 123 Vermont St Brownsburg, Ind.

Subscribed and sworn to before me this 30 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Cynthia Middle Kay Last Perkins

Date of Birth: Month January Day 8 Year 1954

Place of Birth (State or foreign country) Martinsville In

Residence Address: Street or R. R. 531 County Levi Rd City Martinsville County Morgan State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) drivers license (picture)

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

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

Signed Cynthia Kay Perkins
New Address 123 Vermont St Brownsburg, In

Subscribed and sworn to before me this 30 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 9 *day of* Sept, 19 82, *authorizing the joining together as husband and wife* Larry Eugene Gray *and* Cynthia Kay Perkins

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

I, Myron Barnard *hereby certify that on the* 2 *day of* Oct, *one thousand nine hundred and* 82 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Larry Eugene Gray *of* Marion *County, State of* Ind, *and, Bride* Cynthia Kay Perkins *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 2 *day of* Oct, 19 82.

Signed /s/ Myron Barnard

Official Designation

Filed and recorded in accordance with the laws of the State of Indiana this 14th *day of* October, 19 82.

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

No. 523

File

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

10-1-82 Date of Application

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

MALE
Medical Examination Report Dated 9-27-82
Name of Physician Thomas Walker MD.

FEMALE
Medical Examination Report Dated 9-27-82
Name of Physician Thomas Walker MD.

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

MALE APPLICANT

Name: First Glenn Middle W. Last Griffith Jr.
Date of Birth: Month Day 13 Year 1953
Place of Birth (State or foreign country) Charleston West Virginia
Residence Address: Street or R. R. 2232 E. White Oaks Dr. City Indianapolis 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 Glenn W. Griffith Sr.
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) West Virginia
9. Full maiden name of mother Phyllis Loraine Westfall
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) West Virginia

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

Signed Glenn W. Griffith Jr.
New Address 2232-B White Oaks Dr. Indpls. Ind
Subscribed and sworn to before me this 1st day of Oct., 19 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Constance Middle L. Last Fletcher
Date of Birth: Month 11 Day 19 Year 1958
Place of Birth (State or foreign country) Indiana Ohio
Residence Address: Street or R. R. R#1 Box 214P City Pittsboro County In State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) 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 Ralph L. Fletcher
   Residence of father (if deceased so state) Pittsboro, In.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Lillian A.
   Residence of mother (if deceased so state) Pittsboro, In.
   Birthplace of mother (State or foreign country) Ohio

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

Signed Constance L. Fletcher
New Address 2232 B. White Oaks Dr. Indpls
Subscribed and sworn to before me this 1st day of Oct 19 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 5th day of October, 1982, authorizing the joining together as husband and wife Glenn W. Griffith Jr. and Constance L. Fletcher

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

I, Michael L. Campbell hereby certify that on the 9 day of Oct, one thousand nine hundred and 82, at Brownsburg, County of Hendricks, State of Indiana, Groom Glenn W. Griffith of Hendricks County, State of Ind, and, Bride Constance L Fletcher of Hendricks County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 5 day of Oct, 19 82.

Signed Michael Campbell
Official Designation Associate Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of Oct, 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. 524

File

10-1-82
Date of Application

MALE
Medical Examination Report Dated 9-28-82
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 9-28-82
Name of Physician Joseph C. Kerlin

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

MALE APPLICANT

Name: First Mark Middle A. Last Long

Date of Birth: Month 3 Day 11 Year 1960

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

Residence Address: Street or R. R. 5825 Port Hope Dr. apt C, City Indpls. County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Drivers License

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

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

Signed + Mark A. Long

New Address 5825 Port Hope Dr. apt. C

Subscribed and sworn to before me this 1 day of Oct, 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Kathy Middle S. Last Lawson

Date of Birth: Month 9 Day 7 Year 1962

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

Residence Address: Street or R. R. RR 6 Box 225, City Danville County Ind. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) .....

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

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

Signed + Kathy S. Lawson

New Address 5825 Port Hope Dr. apt. C

Subscribed and sworn to before me this 1 day of Oct, 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 5 *day of* October, 1982, *authorizing the joining together as husband and wife* Mark A. Long *and* Kathy S. Lawson

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

I C. Raymond Kistler *hereby certify that on the* 9 *day of* Oct, *nineteen hundred and* 82 *at* RR 6 Danville, *County of* Hendricks, *State of Indiana, Groom* Mark A. Long *of* Marion *County, State of* Ind. *and, Bride* Kathy S. Lawson *of* Hendricks *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 9 *day of* Oct, 1982.

Signed C. Raymond Kistler

Official Designation Registrar

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

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 525

File

Oct. 1, 1982
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

MALE
Medical Examination Report Dated 9-21-82
Name of Physician Harry C. Wolf

FEMALE
Medical Examination Report Dated 9-17-82
Name of Physician Harry C. Wolf

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

MALE APPLICANT

Name: First Gordon Middle Lee Last Thomas

Date of Birth: Month Aug. Day 29 Year 1952

Place of Birth (State or foreign country) Arkansas

Residence Address: Street or R. R. 10372 N. 1025 E City Brownsburg County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Dr. Spruel

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 T. Thomas
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Mo.
9. Full maiden name of mother Lovie Spradling
   Residence of mother (if deceased so state) Nowata, Okla.
   Birthplace of mother (State or foreign country) Mo

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

Signed Gordon L Thomas

New Address 10372 N 1025 E BROWNSBURG

Subscribed and sworn to before me this 1 day of Oct, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Patty Middle Jean Last Watkins

Date of Birth: Month Nov. Day 19 Year 1949

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 10372 N. 1025 E City Brownsburg County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) Dr. Spruel

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

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

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

Signed Patty J Watkins

New Address 10372 N 1025 E Brownsburg

Subscribed and sworn to before me this 1 day of Oct, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Oct, 19 82, authorizing the joining together as husband and wife Gordon Lee Thomas and Patty Jean Watkins

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

I, Linda M. Wagoner hereby certify that on the 8 day of Oct one thousand nine hundred and 82 at Indianapolis, County of Marion, State of Indiana, Groom Gordon Lee Thomas of Hendricks County, State of Ind. and, Bride Patty Jean Watkins of Hendricks County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 8 day of Oct, 19 82.

Signed Linda M. Wagoner

Official Designation Judge Pro Tem

Filed and recorded in accordance with the laws of the State of Indiana this 15 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 County

No. 526

File

10-2-82
Date of Application

MALE
Medical Examination Report Dated 9-28-82
Name of Physician Frammell

FEMALE
Medical Examination Report Dated 9-28-82
Name of Physician Frammel

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

MALE APPLICANT

Name: First Douglas Middle Edmund Last Westhead

Date of Birth: Month March Day 27 Year 1959

Place of Birth (State or foreign country) Indpls

Residence Address: 647 Simmons Street or R. R. / Plfld City / Hend County / In State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) drivers 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 Jack Edmond Westhead
   Residence of father (if deceased so state) Plfld.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Kehren Regan Whitacker
   Residence of mother (if deceased so state) Plfld
   Birthplace of mother (State or foreign country) Indiana

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

Signed X Douglas Edmund Westhead

New Address 647 Seimmons

Subscribed and sworn to before me this 1 day of Oct., 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Deanna Middle Kay Last Graves

Date of Birth: Month Marah Day 16 Year 1962

Place of Birth (State or foreign country) Martinsville

Residence Address: 104 Shaw St. Street or R. R. / Plfld City / Hend County / In State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed X Deanna Kay Graves

New Address 647 Simmons St

Subscribed and sworn to before me this 1 day of Oct., 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Oct, 1982, authorizing the joining together as husband and wife Douglas Edmund Westhead and Deanna Kay Graves

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

I, Derrey A. Tackston hereby certify that on the 16 day of Oct, one thousand nine hundred and 82 at Plainfield, County of Hendricks, State of Indiana, Groom Douglas Edmund Westhead of Hendricks County, State of Ind and, Bride Deanna Kay Graves of Hendricks County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 16 day of Oct, 1982.

Signed Derrey A. Tackston

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of Oct, 1982.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 527

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File Oct. 1 1982 Date of Application

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

MALE
Medical Examination Report Dated 9-20-82
Name of Physician Kenneth Gray

FEMALE
Medical Examination Report Dated 9-20-82
Name of Physician Kenneth Gray

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

MALE APPLICANT

Name: First David Middle Lee Last McCrocklin

Date of Birth: Month April Day 25 Year 1955

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 518 Elm Dr. City Plainfield County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed X David Lee McCrocklin

New Address 518 ELM DRIVE, PLAINFIELD IN

Subscribed and sworn to before me this 1 day of Oct, 1982.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Sandra Middle Ellen Last Plumb

Date of Birth: Month Sept Day 24 Year 1952

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 518 Elm Dr. City Plainfield County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Sandra E Plumb

New Address 518 Elm Dr, Plainfield In

Subscribed and sworn to before me this 1 day of Oct, 1982.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 October, 1982, authorizing the joining together as husband and wife David Lee McCrocklin and Sandra Ellen Plumb

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

I, R. Donald Weaver hereby certify that on the 16 day of Oct one thousand nine hundred and 82 at Crown Point, County of Lake, State of Indiana, Groom David Lee McCrocklin of Hendricks County, State of Ind. and, Bride Sandra Ellen Plumb of Hendricks County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 16 day of Oct, 1982.

Signed R. Donald Weaver

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 21 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 County

No. 528

File

10-1-82
Date of Application

MALE
Medical Examination Report Dated 9-20-82
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 9-20-82
Name of Physician Thomas Walker

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

MALE APPLICANT

Name: First Scott Middle Joseph Last Atkinson

Date of Birth: Month October Day 1 Year 1961

Place of Birth (State or foreign country) Indpls

Residence Address: Street or R. R. 935 N. Varner City B'burg County Hend. State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) drvrs 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 Joseph Louis Atkinson
   Residence of father (if deceased so state) B'burg
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sally Janet Owen
   Residence of mother (if deceased so state) B'burg
   Birthplace of mother (State or foreign country) Indiana

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

Signed X Scott Joseph Atkinson

New Address 7225 CAUSEWAY DR. APT. 1B

Subscribed and sworn to before me this 1 day of October, 1982.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Karen Middle Lynn Last Smith

Date of Birth: Month March Day 9 Year 1961

Place of Birth (State or foreign country) Lebanon

Residence Address: Street or R. R. 8060 E. 725 N. City B'burg County Hend State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) drivers 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 George Dale Smith
   Residence of father (if deceased so state) B'burg
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Kay Alice Meek
   Residence of mother (if deceased so state) B'burg
   Birthplace of mother (State or foreign country) Indiana

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

Signed X Karen Lynn Smith

New Address 7225 Causeway Dr. Apt. 1B

Subscribed and sworn to before me this 1 day of October, 1982.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 5th *day of* October, 19 82, *authorizing the joining together as husband and wife* Scott Joseph Atkinson *and* Karen Lynn Smith

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

I, Dennis L. Dodson *hereby certify that on the* 9 *day of* Oct, *one thousand nine hundred and* 82 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Scott Joseph Atkinson *of* Hendricks *County, State of* Ind, *and, Bride* Karen Lynn 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 5 *day of* Oct, 1982.

Signed Dennis L. Dodson

Official Designation Minister

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

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 529

File

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

10-4-82 Date of Application

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

MALE
Medical Examination Report Dated 9-30-82
Name of Physician Irving Cohen, M.D.

FEMALE
Medical Examination Report Dated 10-1-82
Name of Physician Irving Cohen, M.D.

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

MALE APPLICANT

Name: First Clyde Middle David Last White
Date of Birth: Month 10 Day 22 Year 1946
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 4706 Tempe Ct. City Indpls. County In. State 46241

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License 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.
   Clyde David White, Jr.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Wesley White, Sr.
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Freda Eileen Connor
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Bowling Green, Ky.

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

Signed Clyde D White
New Address 4706 Tempe Ct
Subscribed and sworn to before me this 4th day of October, 1982.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Linda Middle J. Last Carden
Date of Birth: Month 7 Day 13 Year 1954
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R. R. 4706 Tempe Ct. City Indpls. County In. State 46241

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License w/Pic.

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

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

Signed Linda J Carden
New Address 4706 Tempe Court
Subscribed and sworn to before me this 4th day of October, 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 8th day of Oct, 1982, authorizing the joining together as husband and wife Clyde David White and Linda J Carden

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

I, Wm Delbert Lawson hereby certify that on the 9 day of Oct one thousand nine hundred and 82 at Bridgeport, County of Marion, State of Ind., Groom Clyde David White of Marion County, State of Ind. and, Bride Linda J Carden 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 9 day of Oct, 1982.

Signed Wm Delbert White
Official Designation Minister

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

No. 530

File

10-5-82
Date of Application

MALE
Medical Examination Report Dated 9-28-82
Name of Physician Scamahorn

FEMALE
Medical Examination Report Dated 9-28-82
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: First Joseph Middle Edward Last Watts

Date of Birth: Month Nov. Day 29 Year 1962

Place of Birth (State or foreign country) Lebanon

Residence Address: Street or R. R. 323 East St. Apt #3 City Lebanon County Boone State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Joseph Watts
New Address 323 East St. Eastwood Apt 3

Subscribed and sworn to before me this 5th day of Oct., 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Penny Middle Kay Last McDonald

Date of Birth: Month Feb Day 19 Year 1963

Place of Birth (State or foreign country) Danville

Residence Address: Street or R. R. P.O. Box 156 City N. Salem County Hend State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Penny Kay McDonald
New Address 323 East St. Eastwood apt #3

Subscribed and sworn to before me this 5th day of Oct, 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10 day of 5, 1982, authorizing the joining together as husband and wife Joseph Edward Watts and Penny Kay McDonald

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

I, Carl C. Davis hereby certify that on the 9 day of Oct, one thousand nine hundred and 82 at North Salem, County of Hendricks, State of Indiana, Groom Joseph Edward Watts of Boone County, State of Ind, and Bride Penny Kay McDonald of Hendricks County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 9 day of Oct, 1982.

Signed Carl C. Davis

Official Designation Clergyman

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

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 531

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

October 5, 1982
Date of Application

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

MALE
Medical Examination Report Dated 9-24-82
Name of Physician Manuel Largaespada M.D.

FEMALE
Medical Examination Report Dated 9-24-82
Name of Physician Manuel Largaespada 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 Ronald Middle W. Last Daniels
Date of Birth: Month July Day 5 Year 1956
Place of Birth (State or foreign country): Delphi Carroll Indiana
Residence Address: Street or R. R. 3455 E. Main St. City Lot #7 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 (picture)

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

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

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

Signed Ronald W Daniels
New Address 3455 E Main St Indianapolis Lot #7 46227

Subscribed and sworn to before me this 5 day of October, 1982
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Denise Middle Elaine Last Walls
Date of Birth: Month April Day 3 Year 1964
Place of Birth (State or foreign country): Delphi Carroll Indiana
Residence Address: Street or R. R. 3455 E. Main St. City Lot #7 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 (picture)

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

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

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

Signed Denise Elaine Walls
New Address 3455 E main st Danville In

Subscribed and sworn to before me this 5 day of October, 1982
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Oct, 19 82, authorizing the joining together as husband and wife Ronald W. Daniels and Denise Elaine Walls

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

I, Robert Shipley hereby certify that on the 23 day of Oct one thousand nine hundred and 82 at Indianapolis, County of Marion, State of Indiana, Groom Ronald W. Daniels of Hendricks County, State of Ind and, Bride Denise Elaine Walls 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 Oct, 19 82.

Signed Robert Shipley
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of Oct, 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. 532

File

10-6-82
Date of Application

MALE
Medical Examination Report Dated 10-6-82
Name of Physician Stegemoller

FEMALE
Medical Examination Report Dated 10-6-82
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 Michael Middle A. Last Peyton
Date of Birth: Month 10 Day 23 Year 1960
Place of Birth (State or foreign country) Coatesville
Residence Address: Street or R. R. 9907 Medallion Apt 18 City Indpls County Hend State Ind
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

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

Signed Michael A Peyton
New Address 9907 Medallion Dr. Apt 18
Subscribed and sworn to before me this 6 day of October, 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Lora Middle S. Last Kelley
Date of Birth: Month 6 Day 24 Year 1962
Place of Birth (State or foreign country) Danville
Residence Address: Street or R. R. Rt 6 Box 155 City Danville County Hend State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

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

Signed Lora S. Kelley
New Address 9907 Medallion Dr. Apt #18
Subscribed and sworn to before me this 6 day of Oct., 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 October, 19 82, authorizing the joining together as husband and wife Michael A Peyton and Lora S. Kelley
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Stanley A. Johnson hereby certify that on the 16 day of Oct, one thousand nine hundred and 82 at Donville, County of Hendricks, State of Indiana, Groom Michael A. Peyton of Hendricks County, State of Ind, and, Bride Lora S Kelley of Hendricks County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 16 day of Oct, 19 82.

Signed Stanley A. Johnson
Official Designation Minister

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

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

52

No. 533

File

10-7-82
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

MALE
Medical Examination Report Dated 10-5-82
Name of Physician G. Baba

FEMALE
Medical Examination Report Dated 10-5-82
Name of Physician G. Baba

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

MALE APPLICANT

Name: First Wesley Middle N. Last Lawson

Date of Birth: Month July Day 6 Year 1964

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

Residence Address: Street or R. R. 7850 N. 900E City Brownsburg County In State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Wesley N Lawson

New Address 6517 E SR 136

Subscribed and sworn to before me this 7 day of Oct, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Kimberly Middle D. Last Shepard

Date of Birth: Month Sept Day 29 Year 1965

Place of Birth (State or foreign country) Key West Fla

Residence Address: Street or R. R. 522 Wayne Manor City Brownsburg, In County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) School Record

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

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

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

Signed Kimberly D. Lawson

New Address 6517 SR 136 Dut

Subscribed and sworn to before me this 7 day of Oct, 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

I am divorced and have legal total custody.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed Helen Ceon Shepard Mother

Subscribed and sworn to before me this 8 day of Oct, 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 HENDRICKS County Circuit Court by written order issued 30 days Waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 8 day of Oct, 1982, authorizing the joining together as husband and wife Wesley N. Lawson and Kimberly D. Shepard

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

I, Mary Jane Russell hereby certify that on the 8 day of Oct, one thousand nine hundred and 82 at Danville, County of Hendricks, State of Indiana, Groom Wesley N. Lawson of Hendricks County, State of Ind, and, Bride Kimberly D. Shepard 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 Oct, 1982.

Signed Mary Jane Russell

Official Designation Clerk

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

No. 534

File

10-7-82
Date of Application

MALE
Medical Examination Report Dated 10-4-82
Name of Physician Ludmilla O. Drammel D.O.

FEMALE
Medical Examination Report Dated 10-5-82
Name of Physician Ludmilla O. Drammel, D.O.

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

Date of Birth: Month 3 Day 28 Year 1961

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

Residence Address: Street or R. R. P.O. Box 142 City Stilesville County In. State 46180

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Drivers License & Pic.

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

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

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

Signed Paul L. Parlett

New Address 225 Mill Run Dr. Apt. C Plainfield

Subscribed and sworn to before me this 7th day of October, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of ..... } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Sandra Middle L. Last Raper

Date of Birth: Month 7 Day 9 Year 1946

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

Residence Address: Street or R. R. 225 Mill Run Dr. Apt. C City Plainfield County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) Drivers 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.
   Charles David Raper

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

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

Signed Sandra L. Raper

New Address 225 Mill Run Dr. Apt C Plainfield

Subscribed and sworn to before me this 7th day of October, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County 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 7 day of October, 19 82, authorizing the joining together as husband and wife Paul L Parlett and Sandra L Raper

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

I Ron Hallock hereby certify that on the 16 day of Oct, one thousand nine hundred and 82 at Plainfield, County of Hendricks, State of Indiana, Groom Paul L. Parlett of Hendricks County, State of Ind and, Bride Sandra L Raper of Hendricks County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 16 day of Oct, 19 82.

Signed Ron Hallock

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of Oct, 19 82.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 535

File Oct 7 1982
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

MALE
Medical Examination Report Dated 10-5-82
Name of Physician S. Baker

FEMALE
Medical Examination Report Dated 10-5-82
Name of Physician S. 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 Bart Middle M. Last Hensley
Date of Birth: Month Dec Day 21 Year 1961
Place of Birth (State or foreign country) Gary, Indiana
Residence Address: Street or R. R. 3828 Avon Rd City Plainfield County Hn State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

Signed Bart M. Hensley
New Address 3828 Avon RD. PLAN. IND.
Subscribed and sworn to before me this 7 day of Oct, 19 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Stephanie Middle Ann Last Johnson
Date of Birth: Month Oct Day 19 Year 1964
Place of Birth (State or foreign country) Danville, In
Residence Address: Street or R. R. 43 S. Green St. City Brownsburg County State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

Signed Stephanie A. Johnson
New Address 3826 Avon Rd Plainfield, In
Subscribed and sworn to before me this 7 day of Oct, 1982
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 15 day of October, 1982, authorizing the joining together as husband and wife Bart M. Hensley and Stephanie Ann Johnson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John M. Hall hereby certify that on the 16 day of Oct, one thousand nine hundred and 82 at Brownsburg, County of Hendricks, State of Indiana, Groom, Bart M. Hensley of Hendricks County, State of Ind, and, Bride Stephanie Ann 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 15 day of Oct, 1982.

Signed John M. Hall
Official Designation Priest

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

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 535

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File Oct 7 1982
Date of Application

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

MALE
Medical Examination Report Dated 10-5-82
Name of Physician H. Baker

FEMALE
Medical Examination Report Dated 10-5-82
Name of Physician H. Baker

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

MALE APPLICANT

Name: First Bart Middle M. Last Hensley
Date of Birth: Month Dec Day 21 Year 1961
Place of Birth (State or foreign country) Terre Haute, Ind
Residence Address: Street or R. R. 3828 Avon Rd City Plainfield County Hen State In
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

7. Are you required by any court order or orders to
   dependent children?
   If answer is "yes", it is required that this Applic
   compliance with any court order or orders issue
8. Full name of father Calvin H
   Residence of father (if deceased so state) D
   Birthplace of father (State or foreign country)
9. Full maiden name of mother Darlene
   Residence of mother (if deceased so state) D
   Birthplace of mother (State or foreign country)

State of Indiana, County of HENDRICKS }
Signed Bart
New Address 3828
Subscribed and sworn to before me this
Mary Jane Russell

CONSENT OF PARENTS, PARENT OR GUA

We, the parents, of this applicant hereby give
signs, state facts which render the consent of

State of Indiana, County of HENDRICKS } ss
Signed
Signed
Subscribed and sworn to before me this

FEMALE APPLICANT

Name: First Stephanie Middle Ann Last Johnson
Date of Birth: Month Dec Day 19 Year 1964
Place of Birth (State or foreign country) Danville, In
Residence Address: Street or R. R. 113 S. Green St. City Brownsburg County Hen State In
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

Jerry Lee Johnson and Sandra Kay Johnson give their permission for their daughter Stephanie Ann Johnson, to marry Bart Michael Hensley on October 16, 1982

Sandra Kay Johnson - Mother
Jerry L Johnson - Father

OCT 7 3 39 PM '82
Mary Lynn Fennimore
CLERK

October 5, 1982

My Commission Expires 7-6-84

HAROLD R. WILLIS
Harold R. Willis
NOTARY PUBLIC
HENDRICKS CO

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County in 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 15 day of October, 19 82, authorizing the joining together as husband and wife Bart M. Hensley and Stephanie Ann Johnson

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

I, John M. Hall hereby certify that on the 16 day of Oct one thousand nine hundred and 82 at Brownsburg, County of Hendricks, State of Indiana, Groom Bart M Hensley and, Bride Stephanie Ann 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 15 day of Oct, 1982.

Signed John M. Hall
Official Designation Priest

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

No. 536

File

10-8-82
Date of Application

MALE
Medical Examination Report Dated 10-5-82
Name of Physician Joseph W. Quigley

FEMALE
Medical Examination Report Dated 10-6-82
Name of Physician Joseph W. Quigley

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

MALE APPLICANT

Name: First Gregory, Middle Paul, Last Stoeluck

Date of Birth: Month Nov. Day 14 Year 1955

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

Residence Address: Street or R. R. 11 Thornleigh Dr., City Brownsburg, County, State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers License

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

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

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

Signed Gregory Paul Stoeluck
New Address 11 Thornleigh Dr. Brownsburg

Subscribed and sworn to before me this 8 day of Oct, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Debra, Middle Lynne, Last Updike

Date of Birth: Month Nov Day 14 Year 1956

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

Residence Address: Street or R. R. 11 Thornleigh Dr., City Brownsburg, County, State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers 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 Harold Ritter Updike
   Residence of father (if deceased so state) Indianapolis, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sally Lou Frank
   Residence of mother (if deceased so state) Indianapolis, Ind.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Debra Lynne Updike
New Address 11 W. Thornleigh Drive Brownsburg

Subscribed and sworn to before me this 8 day of Oct, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 13 day of Oct 1982, authorizing the joining together as husband and wife Gregory Paul Stoeluck and Debra Lynne Updike

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

I, John M. Hall hereby certify that on the 23 day of October, one thousand nine hundred and 82 at Brownsburg, County of Hendricks, State of Indiana, Groom Gregory Paul Stoeluck of Hendricks County, State of Ind, and, Bride Debra Lynn Updike 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 Oct, 1982.

Signed John M. Hall
Official Designation Priest

Filed and recorded in accordance with the laws of the State of Indiana this 1 day of Nov, 19 82.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

56

No. 537

File

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

10-8-82 Date of Application

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

MALE
Medical Examination Report Dated 10-8-82
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 10-8-82
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 Michael Middle Caldwell Last Clark

Date of Birth: Month March Day 29 Year 1941

Place of Birth (State or foreign country) Indpls

Residence Address: Street or R. R. 10843 E. 950 N. City B'burg County Hend State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) drivers 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 Howe Kirkland Clark
   Residence of father (if deceased so state) B'burg
   Birthplace of father (State or foreign country) Indpls.
9. Full maiden name of mother Edna Helen Tulley
   Residence of mother (if deceased so state) B'burg
   Birthplace of mother (State or foreign country) Nashville, Tenn

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

Signed X Michael Caldwell Clark
New Address 10843 E. 950 N. Brownsburg Ind.

Subscribed and sworn to before me this 8 day of Oct., 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Jo Middle Donna Last Gent

Date of Birth: Month Nov. Day 12 Year 1957

Place of Birth (State or foreign country) Indpls

Residence Address: Street or R. R. 10843 E. 950 N. City B'burg County Hend State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) drivers 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.
   Adam Jacob Gent

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

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

Signed X Jo Donna Gent
New Address 10843 E. 950 N. Brownsburg In

Subscribed and sworn to before me this 8 day of Oct, 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 8 day of October, 19 82, authorizing the joining together as husband and wife Michael Caldwell Clark and Jo Donna Gent

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

I, John C. Mowrer hereby certify that on the 8 day of Oct, one thousand nine hundred and 82, at Danville, County of Hendricks, State of Indiana, Groom Michael Caldwell Clark of Hendricks County, State of Ind, and, Bride Jo Donna Gent of Hendricks County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 8 day of Oct, 1982.

Signed John C. Mowrer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of Oct, 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. 538

File

10-8-82 Date of Application

MALE
Medical Examination Report Dated 10-4-82
Name of Physician James E. Cassady, M.D.

FEMALE
Medical Examination Report Dated 10-4-82
Name of Physician James E. Cassady, M.D.

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

MALE APPLICANT

Name: First John Middle Laurence Last Cox

Date of Birth: Month 1 Day 7 Year 1958

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

Residence Address: Street or R. R. 4120 Bertrand Rd. City Indpls. County In. State 46222

Previous Marital 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/Ri.

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

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

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

Signed John Lawrence Cox

New Address 4552 Brookhollow Blvd. #238 Indpls, In.

Subscribed and sworn to before me this 8th day of October, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Mary Middle Ann Last Mohr

Date of Birth: Month 5 Day 1 Year 1959

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

Residence Address: Street or R. R. 5415 E. 450 N. City Brownsburg, In. County State 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) Drivers License w/Ri.

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Anthony Mahr, Jr.
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indianapolis, In.
9. Full maiden name of mother Mary Frances Konopek
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indianapolis, In.

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

Signed Mary Ann Mohr

New Address 4552 Brookhollow Blvd #238 Indpls, In.

Subscribed and sworn to before me this 8th day of October, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 8 *day of* October, 19 82, *authorizing the joining together as husband and wife* JOHN LAWRENCE COX *and* MARY ANN MOHR

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

I, WILLIAM PAPPANO *hereby certify that on the* 16th *day of* OCT., *one thousand nine hundred and* 82 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* JOHN LAWRENCE COX *of* MARION *County, State of* INDIANA *and, Bride* MARY ANN MOHR *of* HENDRICKS *County, State of* INDIANA, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 16th *day of* OCT., 19 82.

Signed /s/ WILLIAM PAPPANO

Official Designation CATHOLIC PRIEST

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

Signed Connie Swanson *Clerk*

HENDRICKS *Circuit Court*

No. 539

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

10-8-82 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-5-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 10-5-82
Name of Physician Harris

FEMALE
Medical Examination Report Dated 10-5-82
Name of Physician Harris

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

ALL QUESTIONS MUST BE ANSWERED

MALE APPLICANT

Name: First Ronald, Middle Davis, Last Oldham

Date of Birth: Month Oct, Day 8, Year 1950

Place of Birth (State or foreign country): Chester, Penn

Residence Address: 903 Chapel Hill Dr., Street or R. R. Indpls., City Marion, County Ind, State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) drivers lic

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

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

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

Signed Ronald Davis Oldham

New Address 903 Chapel Hill E. Dr. Indpls. Ind 46224

Subscribed and sworn to before me this 8 day of Oct., 19 82.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Lisa, Middle Ellen, Last Ilg

Date of Birth: Month March, Day 9, Year 1957

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

Residence Address: 875 W. Clinton, Street or R. R. Danville, City Hend, County In, State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) drivers 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: Jerry Gerard Ilg
   Residence of father (if deceased so state): deceased
   Birthplace of father (State or foreign country): Des Moines, Iowa
9. Full maiden name of mother: Anita Dean Clark
   Residence of mother (if deceased so state): Elburg
   Birthplace of mother (State or foreign country): Indpls., In

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

Signed Lisa Ellen Ilg

New Address 903 Chapel Hell E Dr. Ind In. 46224

Subscribed and sworn to before me this 8 day of Oct, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 12th day of October, 19 82, authorizing the joining together as husband and wife Ronald Davis Oldham and Lisa Ellen Ilg

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

I, David T. Kagiwada hereby certify that on the 15 day of Oct one thousand nine hundred and 82 at Indianapolis, County of Marion, State of Indiana, Groom Ronald Davis Oldham of Marion County, State of Ind and, Bride Lisa Ellen Ilg 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 Oct, 19 82.

Signed David T. Kagiwada

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29 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 County

No. 540

File

10-8-82
Date of Application

MALE
Medical Examination Report Dated 9-29-82
Name of Physician E. Kourany

FEMALE
Medical Examination Report Dated 9-30-82
Name of Physician E. Kourany

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

MALE APPLICANT

Name: First Daniel Middle William Last Thomas

Date of Birth: Month March Day 5 Year 1960

Place of Birth (State or foreign country) Lebanon

Residence Address: 5204 Mooresville Rd. (Street or R. R.) Indpls. (City) Marion (County) In (State)

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed ✗ Daniel W Thomas

New Address 5204 Mooresville Road

Subscribed and sworn to before me this 8 day of Oct., 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Violet Middle Lee Last Hoagland

Date of Birth: Month March Day 14 Year 1961

Place of Birth (State or foreign country) Lafayette

Residence Address: 210 E. 36th St. (Street or R. R.) B'burg (City) Hend (County) In (State)

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed ✗ Violet Hoagland

New Address 5204 mooresville Rd

Subscribed and sworn to before me this 8 day of Oct., 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Oct *, 1982, authorizing the joining together as husband and wife* Donial William Thomas *and* Violet Lee Hoagland

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

I, William E. Knack *hereby certify that on the* 24 *day of* Oct *, one thousand nine hundred and* 82 *at* St John's Church of Christ *, County of* Marion *, State of Indiana, Groom* Donial William Thomas *of* Hendricks *County, State of* Ind *and, Bride* Violet Lee Hoagland *of* Morgan *County, State of* Ind *, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 24 *day of* Oct *, 1982.*

Signed William E. Knack

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 26 *day of* Oct *, 19*82.

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

No. 541

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

10-12-82 Date of Application

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

MALE
Medical Examination Report Dated 10-6-82

Name of Physician S. Baker

FEMALE
Medical Examination Report Dated 10-6-82

Name of Physician S. 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 Douglas Middle E Last Praed

Date of Birth: Month Sept Day 23 Year 1961

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

Residence Address: Street or R. R. 3007 Pebble Point Dr. City Indianapolis County Hendricks State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) 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 Colonel Eugene Praed
   Residence of father (if deceased so state) Rensselaer, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dolores Jean Parker
   Residence of mother (if deceased so state) Rensselaer, In
   Birthplace of mother (State or foreign country) Ill.

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

Signed Douglas E Praed

New Address 3007 PEBBLE POINT DR APT #10

Subscribed and sworn to before me this 12 day of Oct, 19 82.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Linda Middle Ann Last Kopp

Date of Birth: Month July Day 10 Year 1961

Place of Birth (State or foreign country) Frankfurt Germany

Residence Address: Street or R. R. P.O. Box 324 City Pittsboro, In County Hend State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Linda A. Kopp

New Address 3007 Pebble Pt. Dr. 1-D Indianapolis

Subscribed and sworn to before me this 12 day of Oct, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 October, 19 82, authorizing the joining together as husband and wife Douglas E Praed and Linda Ann Kopp

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

I, John T. Seyton hereby certify that on the 16 day of Oct one thousand nine hundred and 82 at Pittsboro, County of Hendricks State of Indiana, Groom Douglas E Praed of Marion County, State of Ind. and, Bride Linda Ann Kopp of Hendricks County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 16 day of Oct, 19 82.

Signed John T. Seyton

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of Oct, 19 82.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-5-2 Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 542

File

October 12, 1982
Date of Application

MALE
Medical Examination Report Dated 10-4-82
Name of Physician Hadley

FEMALE
Medical Examination Report Dated 10-4-82
Name of Physician Hadley

ALL QUESTIONS MUST BE ANSWERED I.C. 31-1-5-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or promise shall be fined in any sum not exceeding five hundred dollars ($500.00)"

MALE APPLICANT

Name: First James Middle Noah Last Steward

Date of Birth: Month June Day 5 Year 1962

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 423 South Cass Road City Plainfield County Hendricks State IN

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

a. Full name of father Charles Wayne Steward
   Residence of father (if deceased so state) Greenfield, IN
   Birthplace of father (State or foreign country) Indiana
b. Full maiden name of mother Beverly Jo Anne Bildilli
   Residence of mother (if deceased so state) Plainfield, IN
   Birthplace of mother (State or foreign country) Indiana

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

Signed James N. Steward
New Address 345 Kimberly Lane
Subscribed and sworn to before me this 12 day of October, 19 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of ..... } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Susan Middle Beth Last McDonald

Date of Birth: Month January Day 17 Year 1962

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 403 Dallas Dr. City Plainfield County Hendricks State IN

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

a. Full name of father Benjamin Cornelius McDonald, Jr.
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
b. Full maiden name of mother Maclene Faye Fawcett
   Residence of mother (if deceased so state) Plainfield
   Birthplace of mother (State or foreign country) Indiana

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

Signed Susan B. McDonald
New Address 345 Kimberly Lane, Plainfield
Subscribed and sworn to before me this 12 day of October, 19 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 October, 19 82, authorizing the joining together as husband and wife James Noah Steward and Susan Beth McDonald

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

I, William R. Clayton hereby certify that on the 23 day of Oct, one thousand nine hundred and 82, at Plainfield, County of Hendricks, State of Ind., Groom James Noah Steward of Hendricks County, State of Ind., and, Bride Susan Beth McDonald 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 Oct, 19 82.

Signed William R. Clayton
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of Oct, 19 82.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 543

File

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

October 12, 1982
Date of Application

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

MALE
Medical Examination Report Dated 10-8-82

Name of Physician Haggard

FEMALE
Medical Examination Report Dated 10-8-82

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 Michael Middle R Last Peterson

Date of Birth: Month July Day 11 Year 1961

Place of Birth (State or foreign country) Oklahoma

Residence Address: Street or R. R. 5695 S. Point Road, City Hendricks County Indianapolis State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Michael R. Peterson

New Address 618 Kentucky

Subscribed and sworn to before me this 12 day of October, 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Starr Middle Arlene Last Turner

Date of Birth: Month October Day 8 Year 1962

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 618 Kentucky Avenue City Plainfield County Hendricks State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Starr Arlene Turner

New Address 618 Kentucky

Subscribed and sworn to before me this 12 day of October, 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Clerks Bond Court by written order issued 3 days 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 12 day of Oct, 19.82, authorizing the joining together as husband and wife Michael R. Peterson and Starr Arlene Turner

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

I, Michael A. Bullard hereby certify that on the 16 day of Oct one thousand nine hundred and 82 at Plainfield, County of Hendricks State of Indiana, Groom Michael R. Peterson of Hendricks County, State of Ind and, Bride Starr Arlene Turner of Hendricks County, State of Ind were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 16 day of Oct, 19.82.

Signed Mike Bullard

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of Oct, 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. 544

File

10-12-82
Date of Application

MALE
Medical Examination Report Dated Kerlen 10-4-82
Name of Physician

FEMALE
Medical Examination Report Dated 10-4-82
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: First Loyd Middle E. Last Miller

Date of Birth: Month 11 Day 25 Year 1964

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

Residence Address: Street or R. R. RR 4 Box 258 City Clayton County Hend. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed X Loyd E Miller
New Address P.O. Box 61
Subscribed and sworn to before me this 12 day of Oct. 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Jacqueline Middle M. Last Pickerel

Date of Birth: Month #2 Day 11 Year 1964

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. P.O. Box 61 City Clayton County Hend. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed X Jacqueline M. Pickerel
New Address P.O. Box 61
Subscribed and sworn to before me this 12 day of Oct 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

I, FATHER L. MILLER, hereby give my consent for my Son, Loyd Edward Miller to marry Jacqueline Pickerell.

Arthur L Miller

subscribed and sworn to before me this 14th day of Oct 1982

My Commission Expires Oct 41, 1986

Notary Public
A Resident OF Hendricks County, Indiana

s marriage. If only one parent
nt unnecessary
Father
Mother
, 19
Clerk

bove named parties, the
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 15 day of October, 19 82, authorizing the joining together as husband and wife Loyd E. Miller and Jacqueline M Pickerel

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

I, John D McIntyre hereby certify that on the 17 day of Oct, one thousand nine hundred and 82 at Clayton, County of Hendricks, State of Indiana, Groom Loyd Edward Miller of Hendricks County, State of Ind and, Bride Jacqueline Mae Pickerel of Hendricks County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 17 day of Oct, 19 82.

Signed John D. McIntire
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of Oct, 19 82.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

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No. 545

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

10-12-82 Date of Application

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

MALE
Medical Examination Report Dated 9-30-82
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 10-7-82
Name of Physician C. 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: First Max Middle Carlyle Last Bennett
Date of Birth: Month Jan Day 30 Year 1964
Place of Birth (State or foreign country) In.
Residence Address: Street or R. R. 10764 E. Washington City Knpls County Hend. State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James H. Bennett, Jr.
   Residence of father (if deceased so state) Knpls. In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Kathryn J. Forney
   Residence of mother (if deceased so state) Knpls. In.
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Max C. Bennett
New Address 10764B W. Washington St

Subscribed and sworn to before me this 12 day of Oct, 1982.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Tina Middle Rae Last Warner
Date of Birth: Month Oct Day 16 Year 1961
Place of Birth (State or foreign country) In.
Residence Address: Street or R. R. 143 Bray Rd. City Mooresville County In. State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☒
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joseph L. Warner
   Residence of father (if deceased so state) Mooresville, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Sherry Miller
   Residence of mother (if deceased so state) Mooresville, In
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Tina R. Warner
New Address 10764B W Washington St

Subscribed and sworn to before me this 12 day of Oct, 1982.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 October, 1982, authorizing the joining together as husband and wife Max Carlyle Bennett and Tina Rae Warner

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Terry Foster hereby certify that on the 16 day of Oct one thousand nine hundred and 82 at Camby, County of Marion, State of Indiana, Groom Max Carlyle Bennett of Hendricks County, State of Ind and, Bride Tina Rae Warner of Morgan County, State of Ind were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 16 day of Oct, 1982.

Signed Terry Foster
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 21 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 County

No. 546

File

10-12-82
Date of Application

MALE
Medical Examination Report Dated 10-6-82
Name of Physician Michael B. Weeks, M.D.

FEMALE
Medical Examination Report Dated 10-6-82
Name of Physician Michael B. Weeks, 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 Fredrick Middle L. Last Hamilton

Date of Birth: Month 2 Day 2 Year 1958

Place of Birth (State or foreign country) Franklin, Indiana

Residence Address: Street or R. R. 5909 Westbury North Dr. City Indianapolis County Ind. State 46224

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License a/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 Leland Hamilton.
   Residence of father (if deceased so state) Trafalgar, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Ann McMillian
   Residence of mother (if deceased so state) Trafalgar, Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Fredrick L. Hamilton
New Address 5909 WESTBURY N. DR

Subscribed and sworn to before me this 12th day of October, 1982.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Laura Middle J. Last Taivalkoski

Date of Birth: Month 2 Day 22 Year 1959

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 314 Southmore City Plainfield County In. State 46168

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George William Taivalkoski
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Houghton, Michigan
9. Full maiden name of mother Harriet Ann Platt
   Residence of mother (if deceased so state) Plainfield, Indiana
   Birthplace of mother (State or foreign country) Stevens Point, Wis.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Laura J. Taivalkoski
New Address 5909 Westbury N. Dr

Subscribed and sworn to before me this 12th day of October, 1982.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* October, 19 82, *authorizing the joining together as husband and wife* Fredrick L. Hamilton *and* Laura J. Taivalkoski

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, R.O. Lassanske *hereby certify that on the* 16 *day of* Oct, *one thousand nine hundred and* 82 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Fredrick L. Hamilton *of* Johnson *County, State of* Ind. *and, Bride* Laura J. Taivalkoski *of* Hendricks *County, State of* Ind, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 16 *day of* Oct, 19 82.

Signed R.O. Lassanske
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 16 *day of* Oct, 19 82.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 547

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File October 12, 1982 Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated October 12, 1982
Name of Physician Clark

FEMALE
Medical Examination Report Dated October 12, 1982
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 Michael Middle L. Last Barnett
Date of Birth: Month February Day 27 Year 1963
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 2075 Nebraskia City North Salem County Hendricks State IN

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Glendan Levi Barnett
   Residence of father (if deceased so state) North Salem, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Ann Brennan
   Residence of mother (if deceased so state) North Salem, IN
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael L Barnett
New Address 901 JOYRD LOTE21 COLUMBUS, GEORGIA 31906

Subscribed and sworn to before me this 12 day of October, 19 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this .....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Sylvia Middle Diane Last Martin
Date of Birth: Month May Day 1 Year 1963
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR1, Box 225, Pittsboro City Pittsboro County Hendricks State IN

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ernest R. Martin
   Residence of father (if deceased so state) Pittsboro, INDiana
   Birthplace of father (State or foreign country) INDiana
9. Full maiden name of mother Doris D. Crick
   Residence of mother (if deceased so state) Pittsboro, Indiana
   Birthplace of mother (State or foreign country) INDiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sylvia D. Martin
New Address 901 Joy Road Columbus, GA 31906

Subscribed and sworn to before me this 12 day of October, 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the aboye named parties, the HENDRICKS County Superior II Court by written order issued 3 Day Waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 12 day of October, 19 82, authorizing the joining together as husband and wife Michael L. Barnett and Sylvia Diana Martin

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Byron L. Rohrig hereby certify that on the 16th day of Oct one thousand nine hundred and 82 at Pittsboro, County of Hendricks, State of Indiana, Groom Michael L. Barnett of Hendricks County, State of Ind, and, Bride Sylvia Diana Martin of Hendricks County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 15 day of Nov, 19 82.

Signed Byron L. Rohrig
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of Nov, 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. 548

File

10-13-82 Date of Application

MALE
Medical Examination Report Dated 10-7-82
Name of Physician GROSS

FEMALE
Medical Examination Report Dated 10-7-82
Name of Physician GROSS

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Fred Middle C. Last Goff

Date of Birth: Month 11 Day 16 Year 1940

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: Street or R. R. PO Box 24 City Monrovia County Morgan State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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 Fred Leslie Goff
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) N. Louisburg Ohio
9. Full maiden name of mother Dorothy Eunice Bohannon
   Residence of mother (if deceased so state) Martinsville Ind.
   Birthplace of mother (State or foreign country) Indpls Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Fred C. Goff

New Address 3603 S. Clark Creek Rd.

Subscribed and sworn to before me this 13 day of Oct, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Karen Middle Sue Last Rau

Date of Birth: Month 7 Day 18 Year 1954

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. 3603 S Clark Creek Rd. 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.
   Troy Andrew Rau.

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Rau
   Residence of father (if deceased so state) Indpls Ind.
   Birthplace of father (State or foreign country) Decatur Ill.
9. Full maiden name of mother Evelyn Jean Wambach
   Residence of mother (if deceased so state) Indpls Ind.
   Birthplace of mother (State or foreign country) Indpls Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Karen Sue Rau

New Address 3603 S. Clark Creek Rd.

Subscribed and sworn to before me this 13 day of Oct, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior #1 Court by written order issued 3 day Waiver and filed in Mary Lee Conner Pro Tem authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 13 day of Oct, 1982, authorizing the joining together as husband and wife Fred C. Goff and Karen Sue Rau

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I Dewey A. Thackston hereby certify that on the 13 day of Oct, one thousand nine hundred and 82 at Plainfield, County of Hendricks, State of Indiana, Groom Fred C. Goff of Morgan County, State of Ind. and Bride Karen Sue Rau 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 Oct, 1982.

Signed Dewey A. Thackston

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 21 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 County

No. 549

File

10-13-82
Date of Application

MALE
Medical Examination Report Dated 10-7-82
Name of Physician Irwin

FEMALE
Medical Examination Report Dated 10-7-82
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 Elvis Middle W. Last Musgrove
Date of Birth: Month 4 Day 4 Year 1957
Place of Birth (State or foreign country) New Castle Ind.
Residence Address: Street or R. R. RR1 Box 222 City Coatesville County Hend. State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Alvis Musgrove
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Iris L. Wilson
   Residence of mother (if deceased so state) Coatesville Ind.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Elvis Musgrove
New Address Los Vegas

Subscribed and sworn to before me this 13 day of Oct. 19 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Debbra Middle Ann Last Neffley
Date of Birth: Month 1 Day 5 Year 1965
Place of Birth (State or foreign country) Danville Ind.
Residence Address: Street or R. R. RR1 Box 122 City Coatesville County Hend. State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles S. Neffley
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Myrtle Jones
   Residence of mother (if deceased so state) Danville Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Debbra Neffley
New Address Los Vegas

Subscribed and sworn to before me this 13 day of Oct 19 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 October, 19 82, authorizing the joining together as husband and wife Elvis W. Musgrove and Debbra Ann Neffley

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer hereby certify that on the 18 day of Oct one thousand nine hundred and 82 at Danville, County of Hendricks, State of Ind., State of Indiana, Groom Elvis W. Musgrove and, Bride Debbra Ann Neffley of Hendricks County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 18 day of Oct, 19 82.

Signed John C. Mowrer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of Oct, 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. 550

File

10-13-82
Date of Application

MALE
Medical Examination Report Dated 10-7-82
Name of Physician Haggard

FEMALE
Medical Examination Report Dated 10-7-82
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 Thomas Middle Shane Last Pringle

Date of Birth: Month October Day 7 Year 1962

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR4, Box 304 City Clayton County Hendricks State IN

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

I depose and state the information given in this application is true and correct.

Thomas S Pringle
RR4 Box 304 Clayton
Subscribed and sworn to before me this 13 day of October, 1982
[illegible] Clerk HENDRICKS Circuit Court

GUARDIAN

give consent for this marriage. If only one parent
of the other parent unnecessary

State of Indiana, County of } ss:

Father
Mother
day of , 19
Clerk

I, Ruth E. Catellier, hereby give my consent for my daughter Ruth Ellen Catellier to marry Thomas Shane Pringle

Ruth E. Catellier

Subscribed and sworn to before me this 15 day of Oct 1982

Fred Rady
Notary Public

FRED RADY
NOTARY PUBLIC STATE OF INDIANA
HENDRICKS CO.
MY COMMISSION EXPIRES JUNE 2 1986
ISSUED THRU INDIANA NOTARY ASSOC.

FEMALE APPLICANT

Name: First Ruth Middle Ellen Last Catellier

Date of Birth: Month February Day 7 Year 1962

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR4 Box 304 City Clayton County Hendricks State IN

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Cyrille J. Catellier
   Residence of father (if deceased so state): Danville, Indiana
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Dorothy P. Hottinger
   Residence of mother (if deceased so state): Indianapolis, IN
   Birthplace of mother (State or foreign country): Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Ruth E Catellier
New Address RR4 Box 304 Clayton Ind. 46118
Subscribed and sworn to before me this 13 day of October, 1982
Mary Jane Pennell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father
Signed Mother
Subscribed and sworn to before me this day of , 19
Clerk

LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Superior II Court by written order issued 3 Day Waiver and filed [illegible] authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 13 *day of* October, 19 82 *authorizing the joining together as husband and wife* Thomas Shane Pringle *and* Ruth Ellen Catellier

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C Moorer *hereby certify that on the* 16 *day of* Oct, *one thousand nine hundred and* 82 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Thomas Shane Pringle *of* Hendricks *County, State of* Ind *and, Bride* Ruth Ellen Catellier *of* Hendricks *County, State of* Ind, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 16 *day of* Oct, 19 82.

Signed John C Moorer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 18 *day of* Oct, 19 82.

Signed Mary Jane Pennell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 550

File

10-13-82
Date of Application

MALE
Medical Examination Report Dated 10-7-82
Name of Physician Haggard

FEMALE
Medical Examination Report Dated 10-7-82
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 Thomas Middle Shane Last Pringle

Date of Birth: Month October Day 7 Year 1962

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR4, Box 304 City Clayton County Hendricks State IN

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 G. Pringle
   Residence of father (if deceased so state) Clayton, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary L. Warner
   Residence of mother (if deceased so state) Clayton, Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Thomas S Pringle
New Address RR4 B304 Clayton
Subscribed and sworn to before me this 13 day of October, 19 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Ruth Middle Ellen Last Catellier

Date of Birth: Month February Day 7 Year 1962

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR4 Box 304 City Clayton County Hendricks State IN

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Cyrille J. Catellier
   Residence of father (if deceased so state) Danville, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorothy P. Hottinger
   Residence of mother (if deceased so state) Indianapolis IN
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ruth E Catellier
New Address RR4 Box 304 Clayton Ind 46118
Subscribed and sworn to before me this 13 day of October, 19 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior II Court by written order issued Mary Weaver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 13 *day of* October, 19 82, *authorizing the joining together as husband and wife* Thomas Shane Pringle *and* Ruth Ellen Catellier

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C Mowrer hereby certify that on the 16 day of Oct, one thousand nine hundred and 82 at Danville, County of Hendricks, State of Indiana, Groom Thomas Shane Pringle of Hendricks County, State of Ind and, Bride Ruth Ellen Catellier of Hendricks County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 16 day of Oct, 19 82.

Signed John C. Mowrer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of Oct, 19 82.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

82
70

No. 551

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File October 15, 1982 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 10-9-82
Name of Physician Lovall

FEMALE
Medical Examination Report Dated 10-9-82
Name of Physician Lovall

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First RANDALL Middle R. Last Hawley
Date of Birth: Month July Day 4 Year 1960
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 252 S. Tennessee Apt 3 City Danville County Hendricks State IN
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Allen R. Hawley
   Residence of father (if deceased so state) DeceASED
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Norma Helen Becker
   Residence of mother (if deceased so state) Danville, IN
   Birthplace of mother (State or foreign country) South Dakota

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Randall R Hawley
New Address 252 S. TENNESSE APT 3 DANVILLE
Subscribed and sworn to before me this 15 day of October, 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of ____ } ss:
Signed ____ Father
Signed ____ Mother
Subscribed and sworn to before me this ____ day of ____, 19____.
____ Clerk

FEMALE APPLICANT

Name: First Mary Middle E. Last Reynolds
Date of Birth: Month December Day 4 Year 1964
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R. R. RR 3 Box 296A City Danville County Hendricks State IN
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Edward Reynolds
   Residence of father (if deceased so state) Danville, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Pearl Eloise Tolley
   Residence of mother (if deceased so state) Danville, IN
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mary E. Reynolds Danville
New Address 252 S. Tennessee St Apt. 3
Subscribed and sworn to before me this 15 day of October, 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed Charles E. Reynolds- Father
Signed Pearl Eloise Reynolds Mother
Subscribed and sworn to before me this 15 day of October, 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 HENDRICKS County Sup #2 Court by written order issued 3 day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ____ of Indiana dated the 15 day of Oct, 19 82, authorizing the joining together as husband and wife Randall R Hawley and Mary E Reynolds

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C Mowrer hereby certify that on the 15 day of Oct, one thousand nine hundred and 82 at Danville, County of Hendricks, State of Indiana, Groom Randall R Hawley of Hendricks County, State of Ind, and, Bride Nancy Ellen Reynolds 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 Oct, 19 82.

Signed John C Mowrer
Official Designation Judge, 19 82

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of Oct
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By Indiana State Board of Health under Authority I.C. 31-1-3-2 Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 552

File

10-15-82 Date of Application

MALE
Medical Examination Report Dated 9-20-82
Name of Physician Walker

FEMALE
Medical Examination Report Dated 9-20-82
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: First David Middle L. Last Ritter

Date of Birth: Month 8 Day 16 Year 1958

Place of Birth (State or foreign country) Terre Haute Ind.

Residence Address: Street or R. R. 915 Melton City Findlay County Hancock State Ohio

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ivan LeRoy Ritter
   Residence of father (if deceased so state) B'burg Ind.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Ila Mae Shoe
   Residence of mother (if deceased so state) B'burg Ind.
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x David L Ritter

New Address 915 MILTON, FINDLAY, OH 45840

Subscribed and sworn to before me this 15 day of Oct., 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Denise Middle a. Last Keller

Date of Birth: Month 2 Day 12 Year 1958

Place of Birth (State or foreign country) Jasper Ind.

Residence Address: Street or R. R. 931½ Summit St City Findlay County Hancock State Ohio

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Joseph Keller
   Residence of father (if deceased so state) Owensboro Ky.
   Birthplace of father (State or foreign country) Jasper Ind.
9. Full maiden name of mother Elizabeth Claire Burger
   Residence of mother (if deceased so state) Owensboro Ky
   Birthplace of mother (State or foreign country) Jasper Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Denise A. Keller

New Address 915 Milton St. Findlay Oh 45840

Subscribed and sworn to before me this 15 day of Oct. 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County.....Court by written order issued 3-day waiver and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 15 day of Oct, 1982, authorizing the joining together as husband and wife David L. Ritter and Denise A. Keller

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I Kenneth D. Cooper hereby certify that on the 16 day of Oct, one thousand nine hundred and 82 at Owensburg, County of Hendricks, State of Indiana, Groom David L. Ritter of Hancock County, State of Ohio, Bride Denise A. Keller of Hancock County, State of Ohio, was by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 16 day of Oct, 1982.

Signed Kenneth D. Cooper

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of Oct, 1982.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

72

No. 553

File

10-15-82
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 10-12-82
Name of Physician Darnit R. Davis, M.D.

FEMALE
Medical Examination Report Dated 10-12-82
Name of Physician Darnit R. Davis, 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 William Middle J. Last Eubank
Date of Birth: Month 1 Day 2 Year 1955
Place of Birth (State or foreign country): Indianapolis, In. City County State
Residence Address: 111 W. Burns Rd, Bosport, In. Street or R. R.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License w/Pic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William J. Eubank
   Residence of father (if deceased so state) Riverview, Florida
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Nora A. Mowrer
   Residence of mother (if deceased so state) Bosport, In.
   Birthplace of mother (State or foreign country) Indianapolis In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed William J. Eubank
New Address 164 N. Indiana

Subscribed and sworn to before me this 15th day of October, 1982.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of ..... } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Mary Middle B. Last Kleiber
Date of Birth: Month 12 Day 8 Year 1956
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: 164 N. Indiana, Danville, In. 46122 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/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.
   Katherine Kleiber
   Kimberly Kleiber

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Vergil D. Sexton
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joan Clark
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Mary B. Kleiber
New Address 164 N. Indiana St.

Subscribed and sworn to before me this 15th day of October, 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 20 day of Oct, 1982, authorizing the joining together as husband and wife William J. Eubanks and Mary B. Kleiber

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer hereby certify that on the 22 day of Oct one thousand nine hundred and 82 at Danville, County of Hendricks, State of Indiana, Groom William J. Eubanks of Monroe County, State of Ind, and, Bride Mary B. Kleiber 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 Oct, 1982

Signed John C. Mowrer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 26 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 County

No. 554

File

10-18-82 Date of Application

MALE
Medical Examination Report Dated 10-11-82
Name of Physician Diana M. Hadley, M.D.

FEMALE
Medical Examination Report Dated 10-11-82
Name of Physician Diana 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: First Calvin Middle Billy Last Eckard

Date of Birth: Month 7 Day 8 Year 1955

Place of Birth (State or foreign country) Tompkinsville Kentucky

Residence Address: Street or R. R. 9610 Melody Lane City Plfd. County Hd. State 46168

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License w/Pic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Jennifer Eckard
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jesse R. Eckard
   Residence of father (if deceased so state) Tompkinsville, Ky.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Ruth Allen
   Residence of mother (if deceased so state) Tompkinsville, Ky.
   Birthplace of mother (State or foreign country) Unknown

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Calvin B Eckard

New Address 9610 Melady Ln. Inpls. In.

Subscribed and sworn to before me this 18th day of October, 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Hershella Middle J. Last Clark

Date of Birth: Month 6 Day 30 Year 1959

Place of Birth (State or foreign country) Bruncastle, Indiana

Residence Address: Street or R. R. R.R.1, Box 440, City Plfd. County In. State 46168

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License 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.
   Joshua Clark
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Frederick M. Clark
   Residence of father (if deceased so state) Morgantown, Ky.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Emily Sue Stanger
   Residence of mother (if deceased so state) Plainfield, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Hershella J. Clark

New Address 9610 Melody Ln. Inpls, In.

Subscribed and sworn to before me this 18th day of October, 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 22nd *day of* October, 19 82, *authorizing the joining together as husband and wife* ..... *and* .....

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ...*hereby certify that on the*.....*day of*....., *one thousand nine hundred and*.....*at*....., *County of*....., *State of Indiana, Groom*.....*of*.....*County, State of*..... *and, Bride*.....*of*.....*County, State of*....., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this.....*day of*....., 19.....

Signed.....

Official Designation.....

Filed and recorded in accordance with the laws of the State of Indiana this.....*day of*....., 19.....

Signed.....*Clerk*

HENDRICKS *Circuit Court*

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No. 555

File

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

10-18-82 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 10-12-82
Name of Physician Neely

FEMALE
Medical Examination Report Dated 10-12-82
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 (First) Scott (Middle) Eddy (Last)
Date of Birth: Feb (Month) 25 (Day) 1961 (Year)
Place of Birth (State or foreign country): Indpls.
Residence Address: 290 N. Cross (Street or R. R.) D'ville (City) Hend (County) In (State)
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) drivers 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 George Beryl Eddy
   Residence of father (if deceased so state) D'ville
   Birthplace of father (State or foreign country) Cushville, In
9. Full maiden name of mother Elizabeth Ann Beaty
   Residence of mother (if deceased so state) D'ville
   Birthplace of mother (State or foreign country) Paoli, In

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Bill Eddy
New Address 290 N Cross

Subscribed and sworn to before me this 18 day of Oct., 19 82.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: Karen (First) Anita (Middle) Moore (Last)
Date of Birth: January (Month) 10 (Day) 1963 (Year)
Place of Birth (State or foreign country): Indpls.
Residence Address: 294 S. Penn. (Street or R. R.) D'ville (City) Hend (County) In (State)
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harold Raymond Moore
   Residence of father (if deceased so state) D'ville
   Birthplace of father (State or foreign country) D'ville
9. Full maiden name of mother Barbara Ann McKinney
   Residence of mother (if deceased so state) D'ville
   Birthplace of mother (State or foreign country) Peru, In

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Karen Anita Moore
New Address 290 N. Cross

Subscribed and sworn to before me this 18 day of Oct., 19 82.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 October, 19 82, authorizing the joining together as husband and wife William Scott Eddy and Karen Anita Moore

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, James E. Taylor hereby certify that on the 23 day of Oct one thousand nine hundred and 82 at Danville, County of Hendricks State of Indiana, Groom William Scott Eddy of Hendricks County, State of Ind and, Bride Karen Anita Moore 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 Oct, 19 82.

Signed James E. Taylor
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of Oct, 19 82.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 556

File

10-18-82
Date of Application

MALE
Medical Examination Report Dated 10-14-82
Name of Physician Eric Clark, M.D.

FEMALE
Medical Examination Report Dated 10-14-82
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: First Stanley Middle W. Last Baughn

Date of Birth: Month 3 Day 15 Year 1947

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. R.R. 1, Box 341 City Monrovia County In. State 46122

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License 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 Theodore Baughn
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Ohio, Indiana
9. Full maiden name of mother Gladys J. Elmore
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Stanley W. Baughn

New Address RR 1 Box 175 Danville Ind 46122

Subscribed and sworn to before me this 18th day of October, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Katherine Middle S. Last Reising

Date of Birth: Month 7 Day 22 Year 1950

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. R.R. 1, Box 175 City Monrovia County In. State 46122

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License 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.
   Heidi Reising
   April Reising
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Glen Willoughby
   Residence of father (if deceased so state) Oklahoma City, Okla.
   Birthplace of father (State or foreign country) Indianapolis, In.
9. Full maiden name of mother Veragene Smith
   Residence of mother (if deceased so state) Georgetown, Ill.
   Birthplace of mother (State or foreign country) Indianapolis, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Katherine Sue Reising

New Address RR 1 Box 175, Danville, In. 46122

Subscribed and sworn to before me this 18th day of October, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County 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 25 day of Oct, 19 82 authorizing the joining together as husband and wife Stanley W. Baughn and Katherine S. Reising,

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

M. Anne Wilcox hereby certify that on the 29 day of Oct, one thousand nine hundred and 82 at Indianapolis, County of Marion, State of Indiana, Groom Stanley W. Baughn of Hendricks County, State of Ind, and Bride Katherine S. Reising of Hendricks County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 29 day of Oct, 19 82.

Signed M. Anne Wilcox

Official Designation Special Judge

Filed and recorded in accordance with the laws of the State of Indiana this 4 day of November, 19 82.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 557

File

10-18-82
Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 10-18-82
Name of Physician C. Thomas

FEMALE
Medical Examination Report Dated 10-14-82
Name of Physician C. Thomas

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Aaron Middle Cecil Last Poynter

Date of Birth: Month Sept Day 17 Year 1939

Place of Birth (State or foreign country) Cave City, Ky

Residence Address: Street or R. R. 2362 Don Jones Rd City Plainfield County — State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 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.
   Tommy Poynter 14
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Vaadel Poynter
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Jossie Sharon Dennison
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Aaron Cecil Poynter
New Address 1020 Hardin Blvd

Subscribed and sworn to before me this 18 day of Oct, 1982.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Carol Middle Ann Last Shepherd

Date of Birth: Month Dec Day 16 Year 1945

Place of Birth (State or foreign country) Charleston, W. Va

Residence Address: Street or R. R. 1020 S. Hardin City Indianapolis County — State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers Lic w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Sandra R. Coudrey 16
   Jones Cris Belt 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 David Allen Belt
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) W. Va
9. Full maiden name of mother Rosetta Marel Adkins
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) W. Va

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carol A Shepherd
New Address 1020 S. Hardin Blvd

Subscribed and sworn to before me this 18 day of Oct, 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... in ..... 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 22 day of Oct, 1982, authorizing the joining together as husband and wife Aaron Cecil Poynter and Carol Ann Shepherd

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Floyd E. Tyree hereby certify that on the 23 day of Oct one thousand nine hundred and 82 at Indianapolis, County of Marion State of Indiana, Groom Aaron Cecil Poynter of Hendricks County, State of Ind and, Bride Carol Ann Shepherd of Marion County, State of Ind were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 23 day of Oct, 1982.

Signed Floyd E. Tyree
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 26 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 County

No. 558

File

10-19-82 Date of Application

MALE
Medical Examination Report Dated 10-11-82
Name of Physician Ludmila A. Dramnell, M.D.

FEMALE
Medical Examination Report Dated 10-12-82
Name of Physician Ludmila A. Dramnell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Tom Middle Eugene Last Nichols

Date of Birth: Month 11 Day 19 Year 1964

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 222 Wayside Dr. City Plainfield County Hn. State 46168

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Wilson Nichols
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Donna Colleen Mosley
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Tom E Nichols
New Address 222 wayside Dr Plainfield In 46168

Subscribed and sworn to before me this 19th day of October, 1982.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed Ralph W. Nichols Father
Signed Donna C Nichols Mother
Subscribed and sworn to before me this 19th day of October, 1982.
Mary Jane Russell Clerk

FEMALE APPLICANT

Name: First Cheryl Middle Ann Last Page

Date of Birth: Month 12 Day 30 Year 1965

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 321 Avon Ave, City Plainfield, County, State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Johnny Frederick Page
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Anita Rhea Metcalfe
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Cheryl A. Page
New Address 222 Wayside Dr. Plainfield In 46168

Subscribed and sworn to before me this 19th day of October, 1982.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed ~~Loita R Page~~ Johnny F. Page Father
Signed Loita R Page Mother
Subscribed and sworn to before me this 19th day of October, 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 HENDRICKS County Superior II Court by written order issued Ex Parte - 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 19th day of October, 1982, authorizing the joining together as husband and wife Tom Eugene Nichols and Cheryl Ann Page

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Clayton A. Bush, hereby certify that on the 27 day of Oct, one thousand nine hundred and 82, at Wayne Twp., County of Marion, State of Indiana, Groom Tom Eugene Nichols of Hendricks County, State of Ind, and, Bride Cheryl Ann Page 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 Oct, 1982.

Signed Clayton A. Bush
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of Oct, 1982.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

78

No. 559

File

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

10-20-82 Date of Application

MALE
Medical Examination Report Dated 10-20-82
Name of Physician Charles D. Hodges, M.D.

FEMALE
Medical Examination Report Dated 10-20-82
Name of Physician Charles D. Hodges, 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 Chester, Middle M., Last Price
Date of Birth: Month 5, Day 14, Year 1907
Place of Birth (State or foreign country) Bridgeport, In.
Residence Address: Street or R. R. RR #1 Box 22, City Dugger, County —, State In. 46149
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License 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 Price
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Maude Morris
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Chester M Price
New Address Lizton Ind RR1 Box 22 46149

Subscribed and sworn to before me this 20th day of October, 19 82.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Thelma, Middle M., Last Price
Date of Birth: Month 11, Day 11, Year 1919
Place of Birth (State or foreign country) Delaware, Ohio
Residence Address: Street or R. R. 1258 Edgewater Point, City Debary, County —, State Florida
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lloyd N. Benedict
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Lucinda Meier
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Thelma M. Price
New Address R.R. 1, Box 22 Lizton, Ind. 46149

Subscribed and sworn to before me this 20th day of October, 19 82.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Oct, 19 82, authorizing the joining together as husband and wife Chester M. Price and Thelma M. Price

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Maurice R. Kerr hereby certify that on the 7 day of Nov one thousand nine hundred and 82 at Indianapolis, County of Marion, State of Ind. State of Indiana, Groom, Chester M. Price of Hendricks County, State of Ind. and, Bride, Thelma M. Price of Marion County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 7 day of November, 19 82.

Signed Maurice R. Kerr
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of Nov, 19 82.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By Indiana State Board of Health under Authority of IC. 31-1-9.5 Effective July 1, 1967

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 560

File

10-20-82 Date of Application

MALE
Medical Examination Report Dated 10-11-82
Name of Physician Howard M. Hadley, M.D.

FEMALE
Medical Examination Report Dated 10-11-82
Name of Physician Howard M. Hadley, M.D.

ALL QUESTIONS MUST BE ANSWERED I.C. 35-1-54-10 provides "False statement.—Whoever procures the issuance of a license to marry by any false statement, representation or promise shall be fined in any sum not exceeding five hundred dollars ($500.00)"

MALE APPLICANT

Name: First Glen Middle E Last Doff Jr.

Date of Birth: Month 9 Day 26 Year 1949

Place of Birth (State or foreign country): Brazil Ind.

Residence Address: Street or R. R. 1103 Brunswick Dr. City Dolphs County Hend. State Ind. 46231

Previous Marital Status: Never Married ☐ (18)

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ (Other (Specify):

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

Glen E Doff III
Melinda Anne Doff

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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 Edward Doff
   Residence of father (if deceased so state): Arkansas
   Birthplace of father (State or foreign country): West Virginia
9. Full maiden name of mother: Ruth Elizabeth Albee
   Residence of mother (if deceased so state): Indiana
   Birthplace of mother (State or foreign country): Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Glen E. Doff Jr.

Now Address 1103 Brunswick Dr. Dolphs Ind.

Subscribed and sworn to before me this 20th day of October 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ..... 19....

..... Clerk

FEMALE APPLICANT

Name: First Theresa Middle L Last Wernke

Date of Birth: Month 7 Day 11 Year 1956

Place of Birth (State or foreign country): Indianapolis Ind.

Residence Address: Street or R. R. 1103 Brunswick Dr. City Dolphs County Hend. State Ind. 46231

Previous Marital Status: Never Married ☐ (18)

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ (Other (Specify):

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Alfred Coffing
   Residence of father (if deceased so state): Kentucky
   Birthplace of father (State or foreign country): Kentucky
9. Full maiden name of mother: Nancy Ann Elizabeth Blanford
   Residence of mother (if deceased so state): Indiana
   Birthplace of mother (State or foreign country): Connecticut

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Theresa L Wernke

Now Address 1103 Brunswick Dr. Dolphs Ind.

Subscribed and sworn to before me this 20th day of October 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ..... 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 October 19 82, authorizing the joining together as husband and wife Glen E Doff Jr. and Theresa L Wernke

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C Maurer hereby certify that on the 13 day of Nov nineteen hundred and 82 at Dolphs County of Hendricks State of Indiana, Groom Glen E Doff Jr of Dolphs County, State of Ind and Bride Theresa L Wernke of Hendricks County, State of Ind were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 13 day of Nov 19 82.

Signed John C Maurer

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of Nov 19 82.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 561

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File Oct 21, 1982 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 10-13-82
Name of Physician Larry D. Lovall

FEMALE
Medical Examination Report Dated 10-13-82
Name of Physician Larry D. Lovall

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle Earl Last Day II

Date of Birth: Month Feb Day 15th Year 1963

Place of Birth (State or foreign country) New Castle, Ind.

Residence Address: Street or R. R. 1810 W. 80th St. Apt SA City Indpls. County State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Michael Earl Day
   Residence of father (if deceased so state) Laurel, Ind.
   Birthplace of father (State or foreign country) Arkansas
9. Full maiden name of mother Georgann Brown
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Michael Earl Day II

New Address 1810 W 80th St. INDPLS IN.

Subscribed and sworn to before me this 21 day of Oct, 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Eva Middle Marie Last Maynard

Date of Birth: Month April Day 13th Year 1960

Place of Birth (State or foreign country) Columbus, Ohio

Residence Address: Street or R. R. 24 Richfield Ln. City Danville, County State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Glenn Maynard
   Residence of father (if deceased so state) Columbus, Ohio
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Ira Eva Knapp
   Residence of mother (if deceased so state) Danville, Ind.
   Birthplace of mother (State or foreign country) Conn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Eva Marie Maynard

New Address 1810 W 80th St Apt SA

Subscribed and sworn to before me this 21 day of Oct, 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 4 day of Nov, 1982, authorizing the joining together as husband and wife Michael Earl Day II and Eva Marie Maynard

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, George H. Hoag hereby certify that on the 6 day of Nov one thousand nine hundred and 82 at Brownsburg, County of Hendricks, State of Indiana, Groom Michael Earl Day II of Marion County, State of Ind, and, Bride Eva Marie Maynard 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 Nov, 1982.

Signed George H. Hoag

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of Nov, 1982.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of Health under Authority of I.C. 31-1-9-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 562

File

10-21-82 Date of Application

MALE
Medical Examination Report Dated 10-8-82
Name of Physician James Black M.D.

FEMALE
Medical Examination Report Dated 10-8-82
Name of Physician James Black M.D.

ALL QUESTIONS MUST BE ANSWERED I.C. 31-1-9-6 prescribed "False statements — Whoever provides the issuance of a license to marry by any false statement, representation or promise shall be fined in any sum not exceeding five hundred dollars ($500.00)"

MALE APPLICANT

Name: First Marcey Middle Adam Last Sams

Date of Birth: Month 7 Day 2 Year 1963

Place of Birth (State or Foreign country) Indianapolis, In.

Residence Address: Street or R.R. 115 N. Tennessee St. City Plainfield County Hendricks State 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Darcy Edgar Sams
   Residence of father (If deceased so state) Bronsburg, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Laura D. May
   Residence of mother (If deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Darcy Sams

New Address 115 N Tennessee

Subscribed and sworn to before me this 31st day of October, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Teresa Middle Marie Last Jones

Date of Birth: Month 6 Day 29 Year 1962

Place of Birth (State or Foreign country) Evansville, In.

Residence Address: Street or R.R. 115 N Tennessee St. City Plainfield County Hendricks State 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Laurence Jones
   Residence of father (If deceased so state) Bronsburg, In.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Diana Lynn Humphrey
   Residence of mother (If deceased so state) Bronsburg, In.
   Birthplace of mother (State or foreign country) Georgia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Teresa Marie Jones

New Address 115 N Tennessee Apt 4 Plainfield In 46168

Subscribed and sworn to before me this 31st day of October, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County 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 23 day of Nov, 19 82, authorizing the joining together as husband and wife Darcy Adam Sams and Teresa Marie Jones

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John E. Weaver hereby certify that on the 23 day of Nov, one thousand nine hundred and 82 at Danville, County of Hendricks, State of Indiana, Groom Darcy Edgar Sams of Hendricks County, State of Ind. and, Bride Teresa Marie Jones 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 Nov, 19 82.

Signed John E. Weaver

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of Nov, 19 82.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 563

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

10-21-82 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 10-20-82
Name of Physician Edw Trammell

FEMALE
Medical Examination Report Dated 10-20-82
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: First Clark Middle G. Last Krueger

Date of Birth: Month June Day 6 Year 1942

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 1606 Forrest City Plainfield County Hendricks State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Driver's License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George William Johnkrueger Sr
   Residence of father (if deceased so state) EDON, OHio
   Birthplace of father (State or foreign country) Toledo OHio
9. Full maiden name of mother Dorothy lois Suter
   Residence of mother (if deceased so state) EDon, OHio
   Birthplace of mother (State or foreign country) Waterville, Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Clark G Krueger

New Address

Subscribed and sworn to before me this 21 day of October, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Barbara Middle A. Last Wetzel

Date of Birth: Month October Day 1 Year 1944

Place of Birth (State or foreign country) Michigan

Residence Address: Street or R. R. 6466 Kentucky Ave. City Plainfield County Hendricks State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Driver's license w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Edward Bretzinger
   Residence of father (if deceased so state) Cedar Springs, MI
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Alice Mae Haan
   Residence of mother (if deceased so state) Cedar Springs, MI
   Birthplace of mother (State or foreign country) Michigan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Barbara Wetzel

New Address

Subscribed and sworn to before me this 21 day of October, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Signed ..... , 19.....

Subscribed and sworn to before me this ..... day of ..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 October, 1982, authorizing the joining together as husband and wife Clark G. Krueger and Barbara A. Wetzel

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Howard D. Allen hereby certify that on the 30 day of Oct one thousand nine hundred and 82 at Avon, County of Hendricks, State of Indiana, Groom Clark G. Krueger of Hendricks County, State of Ind and, Bride Barbara A. Wetzel 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 30 day of Oct, 19 82.

Signed Howard D Allen

Official Designation Elder

Filed and recorded in accordance with the laws of the State of Indiana this 4 day of Nov, 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. 564

File

10-21-82
Date of Application

MALE
Medical Examination Report Dated 10-19-82
Name of Physician R. Stegemoller

FEMALE
Medical Examination Report Dated 10-19-82
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 Mark Middle A. Last Whitis

Date of Birth: Month Oct Day 11 Year 1955

Place of Birth (State or foreign country) Bedford In

Residence Address: Street or R. R. RR 1 Box 252 City Plainfield County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers Lic W/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Twins
   Christie Ann Whitis 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 Raymond Edward Whitis
   Residence of father (if deceased so state) Plainfield, In
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Edwina Josephine Day
   Residence of mother (if deceased so state) Plainfield, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mark Alan Whitis
New Address 51 So Washington Danville, IN

Subscribed and sworn to before me this 21 day of Oct, 19 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Brenda Middle L. Last Hubble

Date of Birth: Month Dec Day 15 Year 1960

Place of Birth (State or foreign country) Muncastle, In

Residence Address: Street or R. R. 515 Washington St. City Danville, County State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 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 John Austin Hubble
   Residence of father (if deceased so state) Indianapolis, In
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Evelyn Francis Witt
   Residence of mother (if deceased so state) Stilesville, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Brenda Lee Hubble
New Address 513 Washington, Danville

Subscribed and sworn to before me this 21 day of Oct, 19 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior # 2 Court by written order issued 3 day Waver and filed in John C. Mowrer authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21 day of Oct, 19 82, authorizing the joining together as husband and wife Mark A. Whitis and Brenda L. Hubble

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John O. McIntyre hereby certify that on the 23 day of Oct, one thousand nine hundred and 82 at Coatesville, County of Hendricks, State of Indiana, Groom Mark A. Whitis of Hendricks County, State of Ind and, Bride Brenda L. Hubble 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 Oct, 19 82.

Signed John O. McIntyre
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of Oct, 19 82.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 565

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

10-22-82 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-5-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 10-15-82
Name of Physician Ildmilo O. Damrell M.D.

FEMALE
Medical Examination Report Dated
Name of Physician

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Mark Middle Edward Last Braden
Date of Birth: Month 1 Day 10 Year 1963
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. 6002 Lakeview Ct. Apt. D, City Indpls. County In. State

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Franklin Braden
   Residence of father (if deceased so state) Greencastle, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joyce Ann Dalhust
   Residence of mother (if deceased so state) Greencastle, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mark E. Braden
New Address 6002 Lakeview Apt. G Indpls, In. 46224

Subscribed and sworn to before me this 22nd day of October, 19 82.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Jacqueline Middle June Last Knight
Date of Birth: Month May Day 8 Year 1961
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. 33 Michael Dr. City Plainfield County Hendricks State IN

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George Henry Knight, Sr.
   Residence of father (if deceased so state) Plainfield, IN
   Birthplace of father (State or foreign country) Windsor Canada
9. Full maiden name of mother Judy Belle Miller
   Residence of mother (if deceased so state) Plainfield, IN
   Birthplace of mother (State or foreign country) St. Louis, Mo

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jacqueline J Knight
New Address 6002 Lakeview Apt G Indpls
Subscribed and sworn to before me this 25 day of October 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 26 day of October, 1982, authorizing the joining together as husband and wife Mark Edward Braden and Jacqueline June Knight

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Dave H. Bowen hereby certify that on the 30 day of Oct one thousand nine hundred and 82 at Greencastle, County of Putnam, State of Indiana, Groom Mark Edward Braden of Marion County, State of Ind and, Bride Jacqueline June Knight 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 30 day of Oct, 19 82.

Signed Dave H. Bowen
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 4 day of Nov, 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. 566

File

10-22-82 Date of Application

MALE
Medical Examination Report Dated 10-8-82
Name of Physician A. Lawson

FEMALE
Medical Examination Report Dated 10-8-82
Name of Physician A. Lawson

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 — Last Nickelsberg

Date of Birth: Month May Day 4 Year 1952

Place of Birth (State or foreign country) Mirola, N.Y.

Residence Address: Street or R. R. 2202 Paoli Pike #48 City New Albany County — State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers Lic W/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Carrie R. Nickelsberg 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 Bertram Nickelsberg
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) N.Y.
9. Full maiden name of mother Sara Belle Kennedy
   Residence of mother (if deceased so state) Cicero, Ind
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David Nickelsberg

New Address 2702 Paoli Pike #48 New Albany Ind. 47150

Subscribed and sworn to before me this 22 day of Oct, 19 82.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Susan Middle E. Last Quearry

Date of Birth: Month March Day 28 Year 1962

Place of Birth (State or foreign country) Indianapolis, In

Residence Address: Street or R. R. 12 Lincoln Dr. City Brownsburg County — State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Carlos Glen Quearry, Jr.
   Residence of father (if deceased so state) Indianapolis, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ernestine Dion Baker
   Residence of mother (if deceased so state) Brownsburg, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Susan E. Quearry

New Address 2702 Paoli Pike, New Albany, In 47150

Subscribed and sworn to before me this 22 day of Oct, 19 82.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 22 day of Oct, 19 82, authorizing the joining together as husband and wife David Nickelsberg and Susan E. Quearry

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, David L. Skelton hereby certify that on the 20 day of Nov, one thousand nine hundred and 82 at Clermont, County of Marion, State of Indiana, Groom David Nickelsberg of Nassau County, State of N.Y. and, Bride Susan E. Quearry 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 Nov, 19 82.

Signed David L. Skelton

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of Nov, 19 82.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 567

File

10-22-82
Date of Application

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-5-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 10-9-82
Name of Physician Harry I. Hensley M.D.

FEMALE
Medical Examination Report Dated 10-9-82
Name of Physician Harry I. Hensley 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 Harry Middle G Last Lawson

Date of Birth: Month 2 Day 20 Year 1962

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 6468 Winona 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 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 Kenneth Lawson
   Residence of father (if deceased so state) Indianapolis, In
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Pearlie B. Brumett
   Residence of mother (if deceased so state) Dana
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Larry E Lawson

New Address 6468 Winona Dr Indpls

Subscribed and sworn to before me this 22 day of Oct, 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Tina Middle R Last Oliver

Date of Birth: Month 12 Day 13 Year 1961

Place of Birth (State or foreign country) Martinsville In.

Residence Address: Street or R. R. P.O. Box 327 City North Salem County Hen State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License w/p

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James A. Oliver
   Residence of father (if deceased so state) North Salem, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary C. Cox
   Residence of mother (if deceased so state) North Salem, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Tina R. Oliver

New Address 6468 Winona Dr Indpls.

Subscribed and sworn to before me this 22 day of Oct, 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

HENDRICKS County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 22 day of Oct, 1982, authorizing the joining together as husband and wife Larry E Lawson and Tina R. Oliver

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Raymond L Roder hereby certify that on the 30 day of Oct one thousand nine hundred and 82 at Lizton, County of Hendricks, State of Indiana, Groom Larry E. Lawson of Marion County, State of Ind and, Bride Tina R Oliver 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 30 day of Oct, 1982.

Signed Raymond L Roder

Official Designation Poston

Filed and recorded in accordance with the laws of the State of Indiana this 4 day of Nov, 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. 568

File

10-25-82 Date of Application

MALE
Medical Examination Report Dated 10-19-82
Name of Physician G. Harris

FEMALE
Medical Examination Report Dated 10-19-82
Name of Physician G. Harris

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement.—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)."

MALE APPLICANT

Name: First Kent Middle R Last Brunes

Date of Birth: Month April Day 21 Year 1960

Place of Birth (State or foreign country): Lebanon, In

Residence Address: Street or R. F. D. RR#3 Box 50 City Danville County In State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers 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 [illegible] or their support.
8. Full name of father Richard W Brunes
   Residence of father (if deceased so state) Danville, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Martha Ann Lindley
   Residence of mother (if deceased so state) Danville, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kent R. Brunes
New Address R.R.5 Box 139 Danville

Subscribed and sworn to before me this 28 day of Oct, 19 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Rosemarie Middle Last Lewis

Date of Birth: Month Feb Day 24 Year 1961

Place of Birth (State or foreign country): Pierce Co Washington

Residence Address: Street or R. F. D. RR#1 Box 162 City Clayton County In State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Rexford Lewis
   Residence of father (if deceased so state) Clayton, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Erika Johanna Henderer
   Residence of mother (if deceased so state) Clayton, In
   Birthplace of mother (State or foreign country) Germany

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rosemarie Lewis
New Address R#5 Box 139 Danville, 46122

Subscribed and sworn to before me this 25 day of Oct, 19 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 1 day of Nov., 19 82, authorizing the joining together as husband and wife Kent R. Brunes and Rosemarie Lewis

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John Caldwell hereby certify that on the 13 day of Nov, one thousand nine hundred and 82 at Avon, County of Hendricks, State of Indiana, Groom Kent R. Brunes of Hendricks County, State of Ind, and, Bride Rosemarie 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 13 day of Nov, 19 82

Signed John Caldwell
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of Nov, 19 82

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 369

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File 10-25-82 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 10-12-82
Name of Physician E. Clark

FEMALE
Medical Examination Report Dated 10-13-82
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 Alvin Middle D. Last Pennington
Date of Birth: Month June Day 9 Year 1969
Place of Birth (State or foreign country) Lebanon, In City County Indiana
Residence Address: Street or R. R. P.O. Box 23 Lizton,
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Alvin Pennington Deceased
   Residence of father (if deceased so state)
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Vera Clements
   Residence of mother (if deceased so state) Lizton, In
   Birthplace of mother (State or foreign country) Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Alvin Dale Pennington
New Address R1 Box 23 Lizton In
Subscribed and sworn to before me this 25 day of Oct, 1982.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Carol Middle E. Last O'Hara
Date of Birth: Month Jan Day 9 Year 1958
Place of Birth (State or foreign country) West Palm Beach, Fla
Residence Address: Street or R. R. P.O. Box 23 City Lizton, County Hendricks State Ind
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers Lic W/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   J. Michael Johnson IV

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 O'Hara
   Residence of father (if deceased so state) West Palm Beach, Fla
   Birthplace of father (State or foreign country) Fla
9. Full maiden name of mother Betty May Felton
   Residence of mother (if deceased so state) Port Smith, Va
   Birthplace of mother (State or foreign country) R.I.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carol E. O'Hara
New Address P.O. Box 23, Lizton, IN
Subscribed and sworn to before me this 25 day of Oct, 1982
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 3 day of Nov, 1982, authorizing the joining together as husband and wife Alvin D. Pennington and Carol E. O'Hara

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Raymond J. Rader hereby certify that on the 6 day of Nov one thousand nine hundred and 82 at Lizton, County of Hendricks, State of Indiana, Groom Alvin D. Pennington of Hendricks County, State of Ind and, Bride Carol E. O'Hara 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 Nov, 1982.

Signed Raymond Rader
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of Nov, 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. 570

File

10-26-82 Date of Application

MALE
Medical Examination Report Dated 10-22-82
Name of Physician J. Black

FEMALE
Medical Examination Report Dated 10-22-82
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 Kevin Middle Arthur Last Bridges

Date of Birth: Month Feb Day 28 Year 1962

Place of Birth (State or foreign country) Dexter Maine

Residence Address: Street or R. R. 528 Moore Dr City Brownsburg County State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Carl Phillip Bridges
   Residence of father (if deceased so state) Bangor, Maine
   Birthplace of father (State or foreign country) Maine
9. Full maiden name of mother Betty Jane Nelson
   Residence of mother (if deceased so state) Bangor, Maine
   Birthplace of mother (State or foreign country) Maine

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kevin A. Bridges

New Address 528 Moore Dr. Brownsburg IN

Subscribed and sworn to before me this 26 day of Oct, 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Susan Middle Gail Last Sherrill

Date of Birth: Month Nov Day 10 Year 1961

Place of Birth (State or foreign country) Downes, Nebraska

Residence Address: Street or R. R. 528 Moore Dr City Brownsburg County State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Sherrill
   Residence of father (if deceased so state) Brownsburg, In
   Birthplace of father (State or foreign country) Ryan, Oklahoma
9. Full maiden name of mother Sondra Ellen Weatherly
   Residence of mother (if deceased so state) Brownsburg, In
   Birthplace of mother (State or foreign country) Ryan, Oklahoma

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Susan G Sherrill

New Address 528 Moore Dr. Brownsburg In 46112

Subscribed and sworn to before me this 26 day of Oct, 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 November, 19 82, authorizing the joining together as husband and wife Kevin Arthur Bridges and Susan Gail Sherrill

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, George W. Davis hereby certify that on the 26 day of Nov, one thousand nine hundred and 82 at Brownsburg, County of Hendricks, State of Indiana, Groom Kevin Arthur Bridges of Hendricks County, State of Ind and, Bride Susan Gail Sherrill of Hendricks County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 26 day of Nov, 1982.

Signed George W. Davis

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of Nov, 1982.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 571

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

10-26-82 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 10-25-82
Name of Physician Keelin

FEMALE
Medical Examination Report Dated 10-25-82
Name of Physician Keelin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Timothy Middle L Last Williams
Date of Birth: Month 10 Day 3 Year 1960
Place of Birth (State or foreign country): Ind. Ind.
Residence Address: Street or R. R. P.O. Box 118 City Stilesville County Hend. State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) 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: Curtis A. Williams
   Residence of father (if deceased so state): Mooresville Ind.
   Birthplace of father (State or foreign country): Kentucky
9. Full maiden name of mother: Janet A. Dalton
   Residence of mother (if deceased so state): Stilesville Ind.
   Birthplace of mother (State or foreign country): Columbus, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Timothy L. Williams
New Address 3390 N. Raceway Rd. Lot 23

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Louise Middle M. Last Parker
Date of Birth: Month 11 Day 25 Year 1961
Place of Birth (State or foreign country): Ftld. Ind.
Residence Address: Street or R. R. 834 Harding Blvd. Apt. C City Indpls County Marion State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Claude E Parker
   Residence of father (if deceased so state): Deceased
   Birthplace of father (State or foreign country): Tennessee
9. Full maiden name of mother: Mildred G. Northern
   Residence of mother (if deceased so state): Deceased
   Birthplace of mother (State or foreign country): Indpls Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Louise M. Parker
New Address 3390 N. Raceway Rd Lot 23

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the HENDRICKS County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 30 day of Oct, 1982, authorizing the joining together as husband and wife Timothy L Williams and Louise M. Parker

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Danny P. Byrd hereby certify that on the 30 day of Oct one thousand nine hundred and 82 at Bridgeport, County of Marion, State of Indiana, Groom Timothy L Williams of Hendricks County, State of Ind, and, Bride Louise M Parker 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 30 day of Oct, 1982.

Signed Danny P Byrd
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 4 day of Nov, 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. 572

File

10-27-82 Date of Application

MALE
Medical Examination Report Dated 10-26-82
Name of Physician Scudder

FEMALE
Medical Examination Report Dated 10-26-82
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: First Jack Middle A. Last Miller

Date of Birth: Month 1 Day 2 Year 1948

Place of Birth (State or foreign country) Crawfordsville Ind.

Residence Address: Street or R. R. 213 Stadium Dr. City B'burg County Hend State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Brandon James Miller
   Tiffany Suzanne Miller
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Edward Miller
   Residence of father (if deceased so state) Crawfordsville Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorothy M. Nightower
   Residence of mother (if deceased so state) Crawfordsville Ind.
   Birthplace of mother (State or foreign country) Covington Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jack A Miller
New Address 211 JOAN AVE

Subscribed and sworn to before me this 27 day of Oct., 19 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Pamela Middle L. Ellis Last Moreland

Date of Birth: Month 1 Day 15 Year 1949

Place of Birth (State or foreign country) Clinton Ind.

Residence Address: Street or R. R. 211 Joan Ave City B'burg County Hend State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers 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.
   Krystie Lee Moreland
   Kasey William Moreland
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lavon Elbert Ellis
   Residence of father (if deceased so state) B'burg Ind.
   Birthplace of father (State or foreign country) Shelbyville Ind
9. Full maiden name of mother Bettie Ann Edler
   Residence of mother (if deceased so state) B'burg Ind.
   Birthplace of mother (State or foreign country) Kansas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Pamela Lee Moreland
New Address 211 Joan Ave - B'burg

Subscribed and sworn to before me this 27 day of Oct., 19 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 3-day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 27 day of Oct, 19 82, authorizing the joining together as husband and wife Jack A. Miller and Pamela L. Moreland

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I Donald Tyler hereby certify that on the 7 day of Nov, one thousand nine hundred and 82 at Brownsburg, County of Hendricks, State of Indiana, Groom Jack A. Miller of Hendricks County, State of Ind. and Bride Pamela L. Moreland 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 Nov, 19 82

Signed Donald Tyler

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of Nov, 19 82

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 573

File

10-27-82
Date of Application

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 10-14-82
Name of Physician G. Harris

FEMALE
Medical Examination Report Dated 10-14-82
Name of Physician G. Harris

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle A. Last Peterson
Date of Birth: Month Nov Day 2 Year 1962
Place of Birth (State or foreign country) Oklahoma
Residence Address: Street or R. R. P.O. Box 91 City Clayton County Hendricks State Indiana

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 B. Peterson
   Residence of father (if deceased so state) Indianapolis, In
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Margaret Ann Steele
   Residence of mother (if deceased so state) Indianapolis, In
   Birthplace of mother (State or foreign country) Ill

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David Peterson
New Address PO Box 91 Clayton In 46118
Subscribed and sworn to before me this 27 day of Oct, 1982
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Diana Middle Lynn Last Jackson
Date of Birth: Month August Day 22 Year 1962
Place of Birth (State or foreign country) Indianapolis, In
Residence Address: Street or R. R. P.O. Box 155 City Clayton County Hendricks State Indiana

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jerry William Jackson
   Residence of father (if deceased so state) Indianapolis, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Judith Ann Williams
   Residence of mother (if deceased so state) Clayton, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Diana Lynn Jackson
New Address P.O. Box 91 Clayton, In 46118
Subscribed and sworn to before me this 27 day of Oct, 1982
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 1 day of Nov, 1982, authorizing the joining together as husband and wife David A. Peterson and Diana Lynn Jackson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John D. McIntyre hereby certify that on the 6 day of Nov one thousand nine hundred and 82 at Clayton, County of Hendricks State of Indiana, Groom David A. Peterson of Hendricks County, State of Ind and, Bride Diana Lynn 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 HENDRICKS County.

Dated this 6 day of Nov, 1982.

Signed John D. McIntyre
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of Nov, 1982.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-5-2 Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 574

File

10-27-82 Date of Application

MALE
Medical Examination Report Dated 10-25-82
Name of Physician Vieira

FEMALE
Medical Examination Report Dated 10-25-82
Name of Physician Vieira

ALL QUESTIONS MUST BE ANSWERED. I.C. 35-1-5-6 prescribed "False statement—Whoever prevents the issuance of a license to marry by any false statement, representation or promise shall be fined in any sum not exceeding five hundred dollars ($500.00)."

MALE APPLICANT

Name: Charles (First) W. (Middle) Berger (Last)
Date of Birth: Month 4 Day 8 Year 1949
Place of Birth (State or foreign country): Jasper Ind.
Residence Address: 55 D. 100 E. Brookgrove (City) Marion (County) Ind. (State)
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify): Drivers 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.
   Keith Allen Berger
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Alphonse Odilio Berger
   Residence of father (if deceased so state): Deceased
   Birthplace of father (State or foreign country): Jasper Ind
9. Full maiden name of mother: Catherine M. Hoffenberger
   Residence of mother (if deceased so state): Deceased
   Birthplace of mother (State or foreign country): Jasper Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Charles W. Berger
New Address:

Subscribed and sworn to before me this 27 day of October 19 82
Mary Jane Russell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ..... 19 .....
..... Clerk

FEMALE APPLICANT

Name: Muriel (First) G. (Middle) Hadley Shields (Last)
Date of Birth: Month 2 Day 7 Year 1952
Place of Birth (State or foreign country): Putnam Co. Ind.
Residence Address: RR 6 Box 255 (City) Danville (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 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.
   Toby Lee Shields
   Todd Allen Shields
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Uriel G. Hadley
   Residence of father (if deceased so state): Hadley, Ind.
   Birthplace of father (State or foreign country): Hadley, Ind.
9. Full maiden name of mother: Minnie Agnes Brown
   Residence of mother (if deceased so state): Hadley, Ind.
   Birthplace of mother (State or foreign country): Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Muriel G. Shields
New Address: R.R.6 Box 255 Danville Ind. 46122

Subscribed and sworn to before me this 27 day of October 19 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ..... 19 .....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 1 day of Nov 19 82 authorizing the joining together as husband and wife Charles W. Berger and Muriel G. Shields

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Cecil Pugh hereby certify that on the 6 day of Nov one thousand nine hundred and 82 at Danville County of Hendricks State of Indiana, Groom Charles W. Berger of Marion County, State of Ind. and, Bride Muriel G. Shields 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 Nov 19 82.

Signed Cecil Pugh
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of Nov 19 82.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 575

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

10-27-82 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 10-8-82
Name of Physician Mark Jackson

FEMALE
Medical Examination Report Dated 10-8-82
Name of Physician Mark 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: First Brian Middle Stephen Last Marsh

Date of Birth: Month Jan Day 30 Year 1959

Place of Birth (State or foreign country) Lebanon In

Residence Address: Street or R. R. 1047 Logan St. City B'burg County Hend State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Elmer Marsh
   Residence of father (if deceased so state) Indiana; B'burg
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elizabeth Josephine Kopicky
   Residence of mother (if deceased so state) B'burg
   Birthplace of mother (State or foreign country) Austria

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Brian S Marsh

New Address 32 Peggy Ln Brownsburg

Subscribed and sworn to before me this 27 day of Oct., 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Anita Middle Bernedotte Last Francis

Date of Birth: Month Jan Day 20 Year 1964

Place of Birth (State or foreign country) Jefferson, Ky

Residence Address: Street or R. R. 32 Peggy Lane City B'Burg County Hend State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Virgil Francis
   Residence of father (if deceased so state) B'burg
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Wilma Lou Murley
   Residence of mother (if deceased so state) B'burg
   Birthplace of mother (State or foreign country) Tenn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Anita Francis

New Address 32 Peggy Lane Brownsburg

Subscribed and sworn to before me this 27 day of Oct 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 October, 1982, authorizing the joining together as husband and wife Brian Stephen Marsh and Anita Bernedette Francis

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, C. Glen Burnside hereby certify that on the 30 day of Oct, one thousand nine hundred and 82, at Brownsburg, County of Hendricks, State of Indiana, Groom Brian Stephen Marsh of Hendricks County, State of Ind., and, Bride Anita Bernedette Francis 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 30 day of Oct, 1982.

Signed Charles G. Burnside

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 4 day of Nov, 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. 576

File

October 28, 1982
Date of Application

MALE
Medical Examination Report Dated 10-26-82
Name of Physician Baker

FEMALE
Medical Examination Report Dated 10-26-82
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 Donald Middle Eugene Last Cook

Date of Birth: Month August Day 31 Year 1931

Place of Birth (State or foreign country) INDiana

Residence Address: Street or R. R. 5936 Westbusy N Dr., Apt B City Indianapolis County Marion State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 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 David S. Cook
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) INDiana
9. Full maiden name of mother Grace Lefever
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) INDiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donald E. Cook
New Address 10013 PATOKA DR, INDPLS IND. 46234

Subscribed and sworn to before me this 28 day of October, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of.....19.....

.....Clerk

FEMALE APPLICANT

Name: First Ellen Middle Emma Last Clark

Date of Birth: Month July Day 27 Year 1932

Place of Birth (State or foreign country) INDiana

Residence Address: Street or R. R. 10013 Patoka Dr. City Indianapolis County Hendricks State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Driver's License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Kermit Burgdorf
   Residence of father (if deceased so state) Boonville, IN
   Birthplace of father (State or foreign country) INDiana
9. Full maiden name of mother Alma Lucille Wathen
   Residence of mother (if deceased so state) Boonville, IN
   Birthplace of mother (State or foreign country) INDiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ellen Emma Clark
New Address 10013 Patoka Dr.

Subscribed and sworn to before me this 28 day of October, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of.....19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior I Court by written order issued 3 Day Waive 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* October *19* 82, *authorizing the joining together as husband and wife* Donald Eugene Cook *and* Ellen Emma Clark

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer *hereby certify that on the* 28 *day of* Oct, *one thousand nine hundred and* 82 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Donald Eugene Cook *of* Marion *County, State of* Ind *and, Bride* Ellen Emma Clark *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* Oct, *19* 82.

Signed John C. Mowrer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 1 *day of* November, *19* 82.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

No. 577

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

10-28-82 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 10-25-82
Name of Physician T. Walker

FEMALE
Medical Examination Report Dated 10-25-82
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: First Robert Middle E. Last Carpenter II
Date of Birth: Month Dec Day 4 Year 1952
Place of Birth (State or foreign country) Terre Haute, Ind
Residence Address: Street or R. R. 220 Elm St. 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) 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.
   John Raymond Carpenter 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 E. Carpenter Sr.
   Residence of father (if deceased so state) Brownsburg, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Evelyn Ruth Fishers
   Residence of mother (if deceased so state) Brownsburg, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robert E Carpenter II
New Address 220 Elm St Plainfield
Subscribed and sworn to before me this 28 day of Oct, 1982
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Debora Middle Jean Last Spears
Date of Birth: Month April Day 2 Year 1960
Place of Birth (State or foreign country) Danville, In
Residence Address: Street or R. R. RR#3 Box 221 City Danville, County Ind State

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) 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.
   Dylan J. Spears 4
   Nigel L. Spears 2
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard L. Monroe
   Residence of father (if deceased so state) Danville, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Francis L Einfeldt
   Residence of mother (if deceased so state) Danville, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Debora Jean Spears
New Address 220 Elm St. Plainfield
Subscribed and sworn to before me this 28 day of Oct, 1982
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 2nd day of Nov, 19 82, authorizing the joining together as husband and wife Robert E. Carpenter II and Debora Jean Spears
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Kenneth E Vetters hereby certify that on the 7 day of Nov one thousand nine hundred and 82 at Bartlett Chapel, County of Hendricks State of Indiana, Groom Robert E. Carpenter II of Hendricks County, State of Ind and, Bride Debora Jean Spears 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 Nov, 19 82.

Signed Kenneth E Vetters
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of Nov, 19 82.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Remarriage

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 578

File

10-28-82 Date of Application

MALE
Medical Examination Report Dated 10-13-82
Name of Physician David Hadley

FEMALE
Medical Examination Report Dated 10-13-82
Name of Physician David Hadley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First George Middle Leslie Last Whitaker

Date of Birth: Month Feb Day 12 Year 1940

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 923 Ridgewood Dr. City Plfld. 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.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
6. List the full names of any dependent children.
   Kandi Lou Whitaker
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George Franklin Whitaker
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Susie Mae Mink
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✗ George Leslie Whitaker

New Address 923 Ridgewood Dr. Plainfield In

Subscribed and sworn to before me this 28 day of Oct., 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Shirley Middle Ann Last Whitaker

Date of Birth: Month Sept. Day 4 Year 1944

Place of Birth (State or foreign country) Greencastle

Residence Address: Street or R. R. 923 Ridgewood Dr. City Plfld. 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.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Kathy Lynn Whitaker
   Karen June Whitaker
   Kelby Ann Whitaker
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Harvey
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Dorothy Louise Lader
   Residence of mother (if deceased so state) Plfld.
   Birthplace of mother (State or foreign country) Greencastle

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✗ Shirley Ann Whitaker

New Address 923 Ridgewood Dr. Plainfield

Subscribed and sworn to before me this 28 day of Oct., 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Nov., 19 82, authorizing the joining together as husband and wife George Leslie Whitaker and Shirley Ann Whitaker

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Darrell W. Cox hereby certify that on the 7 day of Nov, one thousand nine hundred and 82 at Maple Grove, County of Hendricks, State of Indiana, Groom George Leslie Whitaker of Hendricks County, State of Ind, and, Bride Shirley Ann Whitaker 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 Nov, 19 82.

Signed Darrell W. Cox

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of Nov, 19 82.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 579

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

10-29-82 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 10-26-82
Name of Physician J. Block

FEMALE
Medical Examination Report Dated 10-26-82
Name of Physician J. Block

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Glenn Middle R. Last Howard

Date of Birth: Month March Day 6 Year 1947

Place of Birth (State or foreign country) Plainfield, In

Residence Address: Street or R. R. 9825 W. Washington City Indianapolis County Indianapolis State In

Previous Marital 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.
   Michaela R. Howard 15
   Richard D. Howard 14
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harry J. Howard
   Residence of father (if deceased so state) Plainfield, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Eva Mae Parker
   Residence of mother (if deceased so state) Pittsboro, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Glenn R Howard

New Address 9825 W. Wash. Lot #3 Indpls.

Subscribed and sworn to before me this 29 day of Oct, 19 82.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Betty Middle Ruth Last Smith

Date of Birth: Month Sept Day 23 Year 1958

Place of Birth (State or foreign country) Indianapolis, In

Residence Address: Street or R. R. 9825 W. Washington City Indianapolis County Indianapolis State In

Previous Marital 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.
   Raquel N. Smith 2
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father David Edward Fix
   Residence of father (if deceased so state) Plainfield, In
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Kathrine Louise Broadbury
   Residence of mother (if deceased so state) Plainfield, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Betty Ruth Smith

New Address 9825 W. Wash. Lot 13 Indpls.

Subscribed and sworn to before me this 29 day of Oct, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior 2 Court by written order issued 3 day Waiver and filed in John C. Mowrer authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 29 day of Oct 19 82, authorizing the joining together as husband and wife Glenn R. Howard and Betty Ruth Smith

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer hereby certify that on the 30 day of Oct one thousand nine hundred and 82 at Plainfield, County of Hendricks, State of Indiana, Groom Glenn R. Howard of Hendricks County, State of Ind and, Bride Betty Ruth 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 30 day of Oct, 19 82.

Signed John C. Mowrer

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 4 day of Nov, 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. 580

File

11-1-82
Date of Application

MALE
Medical Examination Report Dated 10-19-82
Name of Physician Nicholas N. Prochoroff

FEMALE
Medical Examination Report Dated 10-22-82
Name of Physician Nicholas N. Prochoroff

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Hilton Middle Acton Last

Date of Birth: Month Sept. Day 16 Year 1940

Place of Birth (State or foreign country) Pulaski County, Kentucky

Residence Address: Street or R. R. 946 Dan Jones Rd., City Plainfield, County, State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. *Are you required by any court order or orders to support the above dependent children?* No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Hubert Acton
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Elizabeth Francis Smith
   Residence of mother (if deceased so state) Plainfield, Ind.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Hilton Acton
New Address 946 Dan Jones Rd Plainfield, In.

Subscribed and sworn to before me this 1 day of Nov, 1982
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Roxalena Middle Last Haggard

Date of Birth: Month Feb. Day 18 Year 1958

Place of Birth (State or foreign country) Greencastle, Indiana

Residence Address: Street or R. R. 237 Mill Run Dr., #D, City Plainfield, County, State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Christopher Jason Price

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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 Avery Haggard
   Residence of father (if deceased so state) Bridgeport, Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Barbara Ann Reiter
   Residence of mother (if deceased so state) Bridgeport, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Roxalena Haggard
New Address 946 Dan Jones Road

Subscribed and sworn to before me this 1 day of Nov, 1982
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 5 *day of* November, 19 82, *authorizing the joining together as husband and wife* ..... *and* .....

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ... *hereby certify that on the* ..... *day of* ....., *one thousand nine hundred and* ..... *at* ....., *County of* ....., *State of Indiana, Groom* ..... *of* ..... *County, State of* ....., *and, Bride* ..... *of* ..... *County, State of* ....., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this ..... *day of* ....., 19.....

Signed .....

Official Designation .....

Filed and recorded in accordance with the laws of the State of Indiana this ..... *day of* ....., 19.....

Signed ..... *Clerk*

HENDRICKS *Circuit Court*

100

No. 581

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

11-1-82 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated Oct. 25, 1982
Name of Physician William Edwards

FEMALE
Medical Examination Report Dated 10-28-82
Name of Physician Ludmila D. Damaello

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle H. Last Bailey Jr.
Date of Birth: Month 8 Day 4 Year 1963
Place of Birth (State or foreign country) Beech Grove, Indiana
Residence Address: Street or R. R. 11315 W. Washington City Indpls. County State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father David R. Bailey
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sally A. Brown
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Beech Grove, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed David A Bailey JR
New Address 11315 W. Washington.
Subscribed and sworn to before me this 1st. day of November, 19 82.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Tammy Middle Lee Last Musselman
Date of Birth: Month 4 Day 7 Year 1964
Place of Birth (State or foreign country) Richmond, Indiana
Residence Address: Street or R. R. 11315 W. Washington City Indpls. County State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Archie Eugene Musselman
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Richmond, In.
9. Full maiden name of mother Bonita Faye Walters
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Nebraska

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Tammy Musselman
New Address 11315 W. Washington
Subscribed and sworn to before me this 1st. day of November, 19 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 5 day of November, 19 82, authorizing the joining together as husband and wife David A. Bailey Jr and Tammy Lee Musselman
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Keith H. Kirk hereby certify that on the 7 day of Nov one thousand nine hundred and 82 at Plainfield, County of Hendricks State of Indiana, Groom David A. Bailey Jr of Hendricks County, State of Ind and, Bride Tammy Lee Musselman 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 Nov, 19 82.

Signed Keith H. Kirk
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of Nov, 1982.
Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-5-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 582

File

11-1-82
Date of Application

MALE
Medical Examination Report Dated Jackson
Name of Physician 10-28-82

FEMALE
Medical Examination Report Dated Belts
Name of Physician 10-29-82

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 practice shall be fined in any sum not exceeding five hundred dollars ($500.00)."

MALE APPLICANT

Name: First Gregory Middle A. Last Klein

Date of Birth: Month June Day 13 Year 1955

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR 3 Box 320, City Danville County Hendricks State IN

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify): 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 LeRoy James Klein
   Residence of father (if deceased so state) Indianapolis, IN
   Birthplace of father (State or foreign country) St. John, Indiana
9. Full maiden name of mother Carolyne Jean Gross
   Residence of mother (if deceased so state) Danville, Indiana
   Birthplace of mother (State or foreign country) Hammond, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gregory A. Klein

New Address

Subscribed and sworn to before me this 3rd day of November 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Barbara Middle J. Last Risch

Date of Birth: Month July Day 26 Year 1960

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 7844 Tamaha Trail City Indianapolis County Marion State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify): Driver's License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ralph Joseph Risch
   Residence of father (if deceased so state) Brownsburg, IN
   Birthplace of father (State or foreign country) Cincinnati, Ohio
9. Full maiden name of mother Anita Joann Collier
   Residence of mother (if deceased so state) Brownsburg, IN
   Birthplace of mother (State or foreign country) Beech Grove, IN

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Barbara J Risch

New Address 7844 Tamaha Tr. Apt 2113

Subscribed and sworn to before me this 3rd day of November 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 5th day of Nov., 19 82 authorizing the joining together as husband and wife Gregory A. Klein and Barbara J. Risch

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Chester E. Hacker hereby certify that on the 5 day of Nov, one thousand nine hundred and 82 at Bloomington, County of Monroe, State of Indiana, Groom Gregory A. Klein of Hendricks County, State of Ind. and, Bride Barbara J Risch 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 5 day of Nov, 19 82.

Signed Chester E Hacker

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of Nov, 19 82.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 583

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

11-1-82 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated ~~(T.B.)~~ 10-11-82
Name of Physician Walker

FEMALE
Medical Examination Report Dated 10-11-82
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: First Gregory Middle Alan Last Herrin

Date of Birth: Month April Day 10 Year 1956

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 41165 Dunbayne Circle City Mt. Clemens County MAcomb State MI

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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 Carlos B. Herrin
   Residence of father (if deceased so state) Dayton, Ohio
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elanor L. Mullins
   Residence of mother (if deceased so state) Dayton, Ohio
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gregory E. Herrin

New Address 41165 Dunbayne Circle, Mt. Clemens Mich

Subscribed and sworn to before me this 1st day of November 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Cynthia Middle D. Last Weaver

Date of Birth: Month February Day 14 Year 1954

Place of Birth (State or foreign country) Tennessee

Residence Address: Street or R. R. 496 bbs City Plainfield County Hendricks State IN

Previous Marital Status: Never Married ☐ OR ☑

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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 Norman L. Weaver
   Residence of father (if deceased so state) Portland, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Beverly J. Suits
   Residence of mother (if deceased so state) Portland, IN
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Cynthia D. Weaver

New Address 41165 Dunbayne Circle, Mt. Clemens MI 48045

Subscribed and sworn to before me this 1st day of November, 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 November, 19 82, authorizing the joining together as husband and wife Gregory Alan Herrin and Cynthia D. Weaver

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Norman L. Weaver hereby certify that on the 27 day of Nov, one thousand nine hundred and 82, at Plainfield, County of Hendricks, State of Indiana, Groom Gregory Alan Herrin of Macomb County, State of Mich., and, Bride Cynthia D. Weaver 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 Nov, 19 82.

Signed Norman L Weaver

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of Dec, 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. 584

File

Nov 3, 1982
Date of Application

MALE
Medical Examination Report Dated 11-1-82
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 11-1-82
Name of Physician Thomas Walker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle R. Last Broadhurst

Date of Birth: Month July Day 22 Year 1963

Place of Birth (State or foreign country): Indianapolis, Indiana

Residence Address: Street or R. R. 3603 S. Clarks Creek Rd, City Indianapolis County State Ind

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Elmer Leonard Broadhurst
   Residence of father (if deceased so state) Indianapolis, Ind.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Mary Bell Gilbart
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John R. Broadhurst
New Address 2165 Fontana Dr.
Subscribed and sworn to before me this 3 day of Nov, 1982.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Shelia Middle J. Last Daugherty

Date of Birth: Month Jan Day 16 Year 1963

Place of Birth (State or foreign country): Indianapolis Ind.

Residence Address: Street or R.R. 2165 Fontana Dr. City Indpls. County Ind. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Gene W. Daugherty
   Residence of father (if deceased so state) Indpls., Ind
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Myrtle Jeane Pleasant
   Residence of mother (if deceased so state) Indpls, Ind.
   Birthplace of mother (State or foreign country) Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Shelia J. Daugherty
New Address.....
Subscribed and sworn to before me this 3 day of Nov, 1982.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior #2 Court by written order issued 3 day waiver and filed in John C. Mowrer authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 4 *day of* Nov, 1982, *authorizing the joining together as husband and wife* John R Broadhurst *and* Shelia J. Daugherty

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Timothy M. Schroeder, *hereby certify that on the* 6 *day of* Nov, *one thousand nine hundred and* 82, *at* Danville, *County of* Hendricks, *State of Indiana, Groom* John R. Broadhurst *of* Hendricks *County, State of* Ind, *and, Bride* Shelia J. Daugherty *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* Nov, 1982.

Signed Timothy M. Schroeder
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* Nov, 1982.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

No. 585

File

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

11-3-82 Date of Application

MALE
Medical Examination Report Dated 10-28-82
Name of Physician Harris

FEMALE
Medical Examination Report Dated 10-28-82
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: First Ned Middle J Last Streiff

Date of Birth: Month 5 Day 29 Year 1919

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. Rt 2 Antioch Rd City Mooresville County Morgan State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Richard Frederick Streiff
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father E. J. Streiff
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Clara Wasmuth
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Ned J. Streiff

New Address 834 Jessup Rd Plainfield Ind 46168

Subscribed and sworn to before me this 5 day of Nov., 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Ruth Middle C. Last Fanchar Sipe

Date of Birth: Month 1 Day 20 Year 1924

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: Street or R. R. 834 Jessup Rd. City Pfld County Hend State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John W. Fanchar
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Hazel Monick
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Ruth G. Sipe

New Address 834 Jessup Rd. Plainfield Ind 46168

Subscribed and sworn to before me this 5 day of Nov., 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10 day of Nov 1982, authorizing the joining together as husband and wife Ned J Streiff and Ruth G. Sipe

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Robert Shipley hereby certify that on the 19 day of Nov one thousand nine hundred and 82 at Indianapolis, County of Marion State of Indiana, Groom Ned J. Streiff of Hendricks County, State of Ind and, Bride Ruth G. Sipe 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 Nov, 1982.

Signed Robert Shipley

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of Nov, 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. 586

File

11-8-82 Date of Application

MALE
Medical Examination Report Dated 11-5-82
Name of Physician Lee

FEMALE
Medical Examination Report Dated 11-5-82
Name of Physician Lee

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Carter Middle H. Last Wilkesson

Date of Birth: Month May Day 1 Year 1944

Place of Birth (State or foreign country) Michigan

Residence Address: Street or R. R. 4962 Avon Rd. City Plainfield County Hendricks State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 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 Claude Crawford Wilkesson
   Residence of father (if deceased so state) Phoenix, AZ
   Birthplace of father (State or foreign country) Covington, VA
9. Full maiden name of mother Viola Maude Visotsky
   Residence of mother (if deceased so state) Phoenix, AZ
   Birthplace of mother (State or foreign country) Connecticut

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carter H. Wilkesson

New Address 4962 Avon Rd Plainfield IN

Subscribed and sworn to before me this 8 day of November, 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Catherine Middle G. Last Lindsey

Date of Birth: Month November Day 15 Year 1955

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR 1 Box 2 City Coatesville County Hendricks State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☒
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☒
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☒
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clyde Knauer Layman
   Residence of father (if deceased so state) Coatesville, IN
   Birthplace of father (State or foreign country) Coatesville, IN
9. Full maiden name of mother Mabel Jean Walton
   Residence of mother (if deceased so state) Coatesville, IN
   Birthplace of mother (State or foreign country) Coatesville, IN

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Catherine G. Lindsey

New Address 4962 Avon Rd, Plainfield, In

Subscribed and sworn to before me this 8 day of November, 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 12 *day of* Nov. *19*82*, authorizing the joining together as husband and wife* Carter H. Wilkesson *and* Catherena G. Lindsey

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, E. Ted Spencer *hereby certify that on the* 13 *day of* Nov *one thousand nine hundred and* 82 *at* Coatesville *, County of* Hendricks *State of Indiana, Groom* Carter H. Wilkesson *of* Wayne *County, State of* Mich *and, Bride* Catherine G. Lindsey *of* Putnam *County, State of* Ind *, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 13 *day of* Nov *, 19*82*.*

Signed E. Ted Spencer

Official Designation Deacon

Filed and recorded in accordance with the laws of the State of Indiana this 16 *day of* Nov *, 19*82*.*

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

No. 587

File

11-8-82
Date of Application

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 11-4-82
Name of Physician Glenn W. Baker

FEMALE
Medical Examination Report Dated 11-4-82
Name of Physician Glenn W. Baker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gary Middle M. Last Walker

Date of Birth: Month 3 Day 9 Year 1943

Place of Birth (State or foreign country) Portsmouth, New Hampshire

Residence Address: Street or R. R. R.18, Box 362B City Indianapolis County State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Kristie Dee Walker
   Wade Michael Walker
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Glen Gordon Walker
   Residence of father (if deceased so state) Clymont, Indiana
   Birthplace of father (State or foreign country) Kirkland, Ill.
9. Full maiden name of mother Kathleen Joan Carney
   Residence of mother (if deceased so state) Clymont, Ind.
   Birthplace of mother (State or foreign country) Los Angeles, California

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gary M. Walker

New Address R.5 Hickory Lane Brownsburg

Subscribed and sworn to before me this 8th day of November, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Peggy Middle M. Last Miller

Date of Birth: Month 11 Day 10 Year 1948

Place of Birth (State or foreign country) Kaila Missouri

Residence Address: Street or R. R. 5 Hickory Lane City Brownsburg County Hen. State 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) Drivers License w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Keith Douglas Miller
   Jody Dean Miller
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ralph Gordon Yowell
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) unknown
9. Full maiden name of mother Josephine Arlene Norton
   Residence of mother (if deceased so state) St. James, Missouri
   Birthplace of mother (State or foreign country) Colorado

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Peggy M. Miller

New Address 5 Hickory Lane Brownsburg

Subscribed and sworn to before me this 8th day of November, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Signed.....

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 12 day of November, 19 82 authorizing the joining together as husband and wife Gary M. Walker and Peggy M. Miller

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Gregory Black hereby certify that on the 19 day of Nov one thousand nine hundred and 82 at Danville, County of Hendricks, State of Indiana, Groom Gary M. Walker of Hendricks County, State of Ind. and, Bride Peggy M. Miller 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 Nov, 19 82.

Signed Gregory Black

Official Designation Judge Pro-Tempore

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of Nov, 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. 588

File

11-8-82 Date of Application

MALE
Medical Examination Report Dated 11-2-82
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 11-2-82
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 Clark Middle Alan Last Gaither

Date of Birth: Month Aug Day 14 Year 1958

Place of Birth (State or foreign country) Vincennes, In

Residence Address: Street or R. R. R.R. 1 Box 405 City Clayton County Hend State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 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 Elmo Lincoln Gaither
   Residence of father (if deceased so state) Vincennes
   Birthplace of father (State or foreign country) Oaktown, In
9. Full maiden name of mother Betty Ross Clark
   Residence of mother (if deceased so state) Vincennes
   Birthplace of mother (State or foreign country) Vincennes

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Clark Alan Gaither

New Address RR 1 Box 405 Clayton In

Subscribed and sworn to before me this 8th day of Nov. 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Donna Middle Lynn Last Swager

Date of Birth: Month May Day 5 Year 1961

Place of Birth (State or foreign country) Clayton

Residence Address: Street or R. R. R.R. 1 Box 405 City Clayton County Hend State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 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 Melvin Verne Swager
   Residence of father (if deceased so state) Clayton
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Barbara Dean Reeves
   Residence of mother (if deceased so state) Clayton
   Birthplace of mother (State or foreign country) Plainfield

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Donna Lynn Swager

New Address RR #1 Box 405, Clayton, IN 46118

Subscribed and sworn to before me this 8 day of Nov. 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 12 day of Nov, 19 82, authorizing the joining together as husband and wife Clark Alan Gaither and Donna Lynn Swager

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Dewey A. Hackston hereby certify that on the 13 day of Nov, one thousand nine hundred and 82 at Plainfield, County of Hendricks, State of Indiana, Groom Clark Alan Gaither of Knox County, State of Ind, and, Bride Donna Lynn Swager of Hendricks County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 13 day of Nov, 19 82.

Signed Dewey A. Hackston

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of Nov, 19 82

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 589

File

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

11-9-82 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 11-6-82
Name of Physician D. Hoggard

FEMALE
Medical Examination Report Dated 11-6-82
Name of Physician D. Hoggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gary Middle A. Last Selke
Date of Birth: Month March Day 9 Year 1959
Place of Birth (State or foreign country) Indianapolis, In
Residence Address: Street or R. R. 11225 W. Washington City Indianapolis County State In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers Lic W/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 A. Selke

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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 Fredrick Selke Sr
   Residence of father (if deceased so state) Martinsville, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marjorie Boyer
   Residence of mother (if deceased so state) Martinsville, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gary A Selke
New Address 11225 W. Wash Lot 52 Indpls IN
Subscribed and sworn to before me this 9 day of Nov, 1982
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

FEMALE APPLICANT

Name: First Diora Middle K. Last Roth
Date of Birth: Month June Day 14 Year 1959
Place of Birth (State or foreign country) Indianapolis In
Residence Address: Street or R. R. 11225 W. Washington Ct. City Indianapolis County State In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers Lic W/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children. Mathew Todd Roth 3½

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Floyd Morphew
   Residence of father (if deceased so state) Plainfield, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carol Ann Mann
   Residence of mother (if deceased so state) Plainfield, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Diana K Roth
New Address 11225 W Wash. Lot 52 Indpls IN
Subscribed and sworn to before me this 9 day of Nov, 1982
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Dep Court #1 Court by written order issued 3 day Waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana, dated the 9 day of Nov, 1982, authorizing the joining together as husband and wife Gary A. Selke and Diora K. Roth

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ida McCormack hereby certify that on the 12 day of Nov one thousand nine hundred and 82 at Indianapolis, County of Marion State of Indiana, Groom Gary A. Selke of Hendricks County, State of Ind and, Bride Diora K. Roth 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 Nov, 1982.

Signed Ida McCormack
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of Nov, 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. 590

File

11-9-82
Date of Application

MALE
Medical Examination Report Dated N/A
Name of Physician

FEMALE
Medical Examination Report Dated N/A
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 promise shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Sylvester Middle E. Last Binegar

Date of Birth: Month 11 Day 12 Year 1914

Place of Birth (State or foreign country) Jay County, Indiana

Residence Address: Street or R. R. 10129 Patoka Dr. City Indpls. County Hend. State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jacob Sylvester Binegar
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Gladys Beatrice Tucker
   Residence of mother (if deceased so state) Jay Co., Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sylvester E Binegar
New Address 10129 Patoka Dr Indpls

Subscribed and sworn to before me this 9 day of Nov, 1982
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ____ Father

Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19__

____ Clerk

FEMALE APPLICANT

Name: First Mary Middle E. Last McFarland

Date of Birth: Month 1 Day 30 Year 1922

Place of Birth (State or foreign country) Hendricks Co, Indiana

Residence Address: Street or R. R. 2002 N. Auburn City Indpls County State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harry M. Elder
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Gladys Walter
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mary E McFarland
New Address 10129 Patoka Dr Indpls In 46239

Subscribed and sworn to before me this 9 day of Nov, 1982
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ____ Father

Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19__

____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ____ and filed in ____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Nov, 1982, authorizing the joining together as husband and wife Sylvester E. Binegar and Mary E McFarland

Be it further remembered the following marriage certificate was filed in my office, to-wit:

I, Paul L Channels hereby certify that on the 27 day of Nov, one thousand nine hundred and 82, at Speedway, County of Marion, State of Indiana, Groom Sylvester E. Binegar of Hendricks County, State of Ind, and, Bride Mary E McFarland 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 27 day of Nov, 1982.

Signed Paul L Channels

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of Nov, 1982.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 591

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

Nov. 9, 1982
Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 11-17-82
Name of Physician Lt. George L. Kouns

FEMALE
Medical Examination Report Dated 11-3-82
Name of Physician Billie Gosnell, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Donald Middle Allen Last Swisher

Date of Birth: Month Feb. Day 21 Year 1960

Place of Birth (State or foreign country) Lebanon

Residence Address: Street or R. R. 3073 Kelp Lane City Oxnard County Ventura State California

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Charles Swisher
   Residence of father (if deceased so state) B'burg
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Norma Kay Sering
   Residence of mother (if deceased so state) B'burg
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donald A. Swisher

New Address 3073 Kelp LANE OXNARD CA.

Subscribed and sworn to before me this 22 day of Nov, 19 82.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Barbara Middle Marie Last Bryant

Date of Birth: Month Aug. Day 4 Year 1962

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 206 Jean Ave. City Brownsburg County H. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Zachary Joseph Bryant

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard A. Bryant, Sr.
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) R. I.
9. Full maiden name of mother Alice Rose
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Barbara M Bryant

New Address Point Mugu California

Subscribed and sworn to before me this 22 day of Nov., 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Nov *, 19* 82*, authorizing the joining together as husband and wife* Donald Allen Swisher *and* Barbara Marie Bryant

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ted D. Stephenson *hereby certify that on the* 26 *day of* Nov *one thousand nine hundred and* 82 *at* Indianapolis *, County of* Marion *State of Indiana, Groom* Donald Allen Swisher *of* Hendricks *County, State of* Ind *and, Bride* Barbara Marie 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 26 *day of* Nov *, 19* 82.

Signed Ted D. Stephen

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* Nov *, 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. 593

File

11-9-82
Date of Application

MALE
Medical Examination Report Dated 11-1-82
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 11-1-82
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: First Brian Middle Alan Last May

Date of Birth: Month May Day 3 Year 1959

Place of Birth (State or foreign country) N. Car.

Residence Address: Street or R. R. 211 N. Center City Plainfield County — State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Dr. Licence

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. May
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary Gregory
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Brian A. May

New Address 6009 Beadview Dr. Westlake Apt # 274 Indpls. In.

Subscribed and sworn to before me this 9 day of Nov., 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Cheryl Middle Kay Last Cox

Date of Birth: Month Jan Day 27 Year 1963

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1346 Avon Rd. City Plainfield County — State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Kenneth L. Cox
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Janet White
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Cheryl Kay Cox

New Address 6009 Beadview Dr. Westlake Apt. # 274 Indpls. In.

Subscribed and sworn to before me this 9 day of Nov., 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 November, 19 82, authorizing the joining together as husband and wife Brian Alan May and Cheryl Kay Cox

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Howard Allen / Wm Hendricks hereby certify that on the 20 day of Nov, one thousand nine hundred and 82 at Avon, County of Hendricks, State of Indiana, Groom Brian Alan May of Marion County, State of Ind., and, Bride Cheryl Kay Cox 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 Nov, 19 82. Signed Howard Allen / Wm Hendricks

Official Designation Pastors

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of Nov, 19 82. Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 593

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

11-10-82 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 11-8-82
Name of Physician Michael Neely

FEMALE
Medical Examination Report Dated 11-8-82
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 Jerry Middle Lee Last Boone

Date of Birth: Month Sept Day 23 Year 1944

Place of Birth (State or foreign country) Clinton County

Residence Address: Street or R. R. 26 Purpura Dr. City Danville County Hend State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) drivers lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children. Jerri Sue Boone
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Simpson Boone
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Kansas
9. Full maiden name of mother Elizabeth Belle Boone
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Clinton County

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jerry Lee Boone

New Address 20 Purpura Dr Danville

Subscribed and sworn to before me this 16 day of Nov, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Frances Middle Arlene Last Hughes

Date of Birth: Month Oct. Day 22 Year 1944

Place of Birth (State or foreign country) Marion County

Residence Address: Street or R. R. 233 E. Rd 150 S. City Danville County Hend State In

Previous Marital Status: Never Married ☐ OR ☑

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) drivers lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 S. Hughes
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Hend. County
9. Full maiden name of mother Zelpha Marie Perkins
   Residence of mother (if deceased so state) Danville
   Birthplace of mother (State or foreign country) Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Frances A Boles

New Address 233 E Rd 150 S Danville

Subscribed and sworn to before me this 16 day of Nov, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Nov, 19 82, authorizing the joining together as husband and wife Jerry Lee Boone and Frances Arlene Hughes

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, J. V. Boles hereby certify that on the 19 day of Nov, one thousand nine hundred and 82 at Danville, County of Hendricks, State of Indiana, Groom Jerry Lee Boone of Hendricks County, State of Ind, and, Bride Frances Arlene 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 19 day of Nov, 19 82.

Signed J. V. Boles

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of Nov, 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. 594

File

11-10-82 Date of Application

MALE
Medical Examination Report Dated 10-26-82
Name of Physician Seamahorn

FEMALE
Medical Examination Report Dated 10-26-82
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: First Walter Middle D. Last Howell Jr.

Date of Birth: Month 9 Day Year 1934

Place of Birth (State or foreign country): Dayton, Ohio

Residence Address: Street or R. R. P.O Box 86 City Lizton County Hend State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers Licence w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Phillip Wayne Howell
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 D. Howell, Sr.
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Cora Edith Rutherford.
   Residence of mother (if deceased so state) Gardina, Calif.
   Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Walter D. Howell Jr.
New Address PO Box 129 Lizton

Subscribed and sworn to before me this 10 day of Nov. 19 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Patsy Middle A. Graves Last Geaver

Date of Birth: Month 2 Day 11 Year 1945

Place of Birth (State or foreign country): Lebanon Ind.

Residence Address: Street or R. R. P.O. Box 129 City Lizton County Hend State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers Licence w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   John P. Geaver
   Marrie A. Geaver
   Ann L. Geaver
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James A. Graves
   Residence of father (if deceased so state) Whitelandind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Juanita Marie Williamson
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Patsy A. Geaver
New Address PO Box 129 Lizton

Subscribed and sworn to before me this 10 day of Nov 19 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 November 1982 authorizing the joining together as husband and wife Walter D. Howell, Jr. and Patsy A. Geaver

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer hereby certify that on the 22 day of Dec one thousand nine hundred and 82 at Danville, County of Hendricks, State of Indiana, Groom Walter D Howell of Hendricks County, State of Ind, and, Bride Patsy A. Groover 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 Dec, 1982

Signed John C. Mowrer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of Dec, 1982

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 395

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

11-12-82 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 11-10-82
Name of Physician W.A. Edwards

FEMALE
Medical Examination Report Dated 11-11-82
Name of Physician J Trammell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Steven Middle L. Last Ware

Date of Birth: Month Jan Day 20 Year 1964

Place of Birth (State or foreign country): Danville, In

Residence Address: Street or R. R. 366 S Jefferson City Danville County Hendricks State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Eugene Ware
   Residence of father (if deceased so state): Indianapolis, In
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Donna Lou Stanford
   Residence of mother (if deceased so state): Danville, In
   Birthplace of mother (State or foreign country): Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Steven L Ware

New Address 366 S Jefferson Danville Ind

Subscribed and sworn to before me this 12 day of Nov, 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Sharon Middle L. Last Rust

Date of Birth: Month August Day 4 Year 1962

Place of Birth (State or foreign country): Butler Ohio

Residence Address: Street or R. R. 366 S. Jefferson City Danville County Hendricks State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☑

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: William Harold Rust
   Residence of father (if deceased so state): Terre Haute, In
   Birthplace of father (State or foreign country): Wyoming
9. Full maiden name of mother: Shannon Lorraine Hannah
   Residence of mother (if deceased so state): Terre Haute, In
   Birthplace of mother (State or foreign country): Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sharon L Rust

New Address 366 S Jefferson Danville Ind

Subscribed and sworn to before me this 12 day of Nov, 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the ..... day of ....., 19....., authorizing the joining together as husband and wife .....*

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ... hereby certify that on the ..... day of ....., one thousand nine hundred and ..... at ....., County of ....., State of Indiana, Groom ..... of ..... County, State of ....., and, Bride ..... of ..... County, State of ....., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS *County.*

Dated this ..... day of ....., 19.....

Signed .....

Official Designation .....

Filed and recorded in accordance with the laws of the State of Indiana this ..... day of ....., 19.....

Clerk

Signed .....

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 596

File

11-12-82 Date of Application

MALE
Medical Examination Report Dated 11-8-82
Name of Physician Clark

FEMALE
Medical Examination Report Dated 11-8-82
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 Carl Middle J. Last Denis

Date of Birth: Month 3 Day 15 Year 37

Place of Birth (State or foreign country) New York

Residence Address: Street or R. R. 1740 W. Michigan City Indpls County Marion State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers Licence

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Homer J. Denis
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) New York
9. Full maiden name of mother Claire M. La Grave
   Residence of mother (if deceased so state) Tampa, Fla.
   Birthplace of mother (State or foreign country) New York

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✕ Carl J. Denis

New Address 761 Avon Rd. Plainfield Ind. 46168

Subscribed and sworn to before me this 12 day of Nov., 19 82.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Shirley Middle K. Last Pittman Disney

Date of Birth: Month 4 Day 3 Year 1935

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 761 Avon Rd City Plfd. County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers Licence

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Walter L. Pittman
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Martha Elizabeth Elkins
   Residence of mother (if deceased so state) Salsberry Ind.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✕ Shirley Disney

New Address 761 Avon Rd, Plainfield Ind 46168

Subscribed and sworn to before me this 12 day of Nov, 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 3 day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 12 day of Nov 19 82, authorizing the joining together as husband and wife Carl J. Denis and Shirley K. Disney

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Dewey A. Thackston hereby certify that on the 21 day of Nov, one thousand nine hundred and 82 at Plainfield, County of Hendricks, State of Indiana, Groom Carl J. Denis of Morton County, State of Ind and, Bride Shirley K. Disney 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 Nov, 1982.

Signed Dewey A. Thackston

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of Nov, 19 82.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 597

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

11-12-82 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1971

MALE
Medical Examination Report Dated 11-9-82
Name of Physician D. Midla

FEMALE
Medical Examination Report Dated 11-9-82
Name of Physician D. Midla

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Thomas Middle Lee Last Rickey
Date of Birth: Month July Day 2 Year 1942
Place of Birth (State or foreign country): Tipton Co. Indiana
Residence Address: Street or R. R. 637 Kentucky 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) 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.
   Andrea Lynn Rickey 14
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Andrea Harold Rickey
   Residence of father (if deceased so state) Wind Fall, Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Clara May Woods
   Residence of mother (if deceased so state) Wind Fall, In
   Birthplace of mother (State or foreign country) Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Thomas Lee Rickey
New Address 637 Kentucky Blainfield, Ind.

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Alicia Middle Ann Last Terrell
Date of Birth: Month June Day 26 Year 1947
Place of Birth (State or foreign country) Howard Co. Ind.
Residence Address: Street or R. R. 637 Kentucky City Plainfield County In State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers Lic w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Thomas Eric Terrell 12
   Lori Beth Terrell 10
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lora Richard Smith
   Residence of father (if deceased so state) Galveston, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Alice Elizbeth Jarvis
   Residence of mother (if deceased so state) Galveston, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Alicia Ann Terrell
New Address 637 Kentucky, Plainfield, Ind

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 17 day of Nov., 19 82 authorizing the joining together as husband and wife Thomas Lee Rickey and Alicia Ann Terrell

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, James A. Seddon hereby certify that on the 20 day of Nov one thousand nine hundred and 82 at Galveston, County of Cass State of Indiana, Groom, Thomas Lee Rickey of Tipton County, State of Ind and, Bride Alicia Ann Terrell 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 Nov, 1982.

Signed James Seddon
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of Nov, 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. 598

File

11-15-82 Date of Application

MALE
Medical Examination Report Dated 11-9-82
Name of Physician Philip Segal

FEMALE
Medical Examination Report Dated 11-17-82
Name of Physician Robert Walker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Larry Middle D.H. Last Robbins, Sr.

Date of Birth: Month 4 Day 2 Year 1943

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. Echo Lake Dot 112 City Mooresville County In. State 46158

Previous Marital 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.
   Penny Robbins / Kelly Robbins
   Larry Robbins, Jr.
   Apple Robbins
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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 D. Robbins
   Residence of father (if deceased so state) Phoenix, Arizona
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nellie M. Shatto
   Residence of mother (if deceased so state) Cambg. Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Larry D H Robbins Sr.

New Address 114 S CREEK ST BROWNSBURG IND 46112

Subscribed and sworn to before me this 15th day of November, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Carolyn Middle Ann Last Evans

Date of Birth: Month June Day 15 Year 1943

Place of Birth (State or foreign country) Ind.

Residence Address: 4485 N. 900E Street or R. R. Brownsburg City County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Jacina

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Michelle Ann Evans
   Christine Marie Evans
   Kimberly Sue Evans
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Allen Barrett
   Residence of father (if deceased so state) Speedway, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Elaine Sanders
   Residence of mother (if deceased so state) Speedway, In.
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Carolyn Ann Evans

New Address 114 So. Green St. Brownsburg, Ind 46112

Subscribed and sworn to before me this 19 day of Nov., 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 19th day of Nov., 19 82, authorizing the joining together as husband and wife Larry D. H. Robbins, Sr and Carolyn Ann Evans

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, George A. Hoag hereby certify that on the 20 day of Nov, one thousand nine hundred and 82 at Brownsburg, County of Hendricks, State of Indiana, Groom Larry D.H. Robbins, Sr of Hendricks County, State of Ind, and, Bride Carolyn Ann Evans 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 Nov, 19 82.

Signed George A. Hoag

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of Nov, 19 82.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 599

File

11-15-82 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 11-11-82
Name of Physician Larry D. Lonaul, M.D.

FEMALE
Medical Examination Report Dated 11-11-82
Name of Physician Larry D. Lonaul, 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 Dewayne Middle J. Last Wildman

Date of Birth: Month 6 Day 15 Year 1955

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. Rt #2, Box 365 City Clayton County Hendricks State In. 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) Drivers License w/Pic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Dewayne Wildman
   Residence of father (if deceased so state) Clayton In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Virginia Ilene Blake
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

×Signed Dewayne J. Floyd Wildman

New Address 604 D Lakeside Dr. Plainfield

Subscribed and sworn to before me this 15th day of November, 19 82.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Debra Middle Kay Last Wilber

Date of Birth: Month 1 Day 8 Year 1957

Place of Birth (State or foreign country) Seymour, Indiana

Residence Address: Street or R. R. 604 D. Lakeside Dr. City Plainfield County Hendricks State 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) Drivers License w/Pic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Monroe Wilber
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Queens, In.
9. Full maiden name of mother Virginia M. Brodiack
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

×Signed Debra K Wilber

New Address 604 D Lakeside Dr. Plainfield, 46168

Subscribed and sworn to before me this 15th day of November, 19 82.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Dep Court by written order issued 3 day Waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 15 day of November, 19 82, authorizing the joining together as husband and wife Dewayne J Wildman and Debra Kay Wilber

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, William L. Fisher hereby certify that on the 15 day of Nov one thousand nine hundred and 82 at Indianapolis, County of Marion State of Indiana, Groom Dewayne J Wildman of Hendricks County, State of Ind and, Bride Debra Kay Wilber 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 Nov, 19 82.

Signed William L. Fisher

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of Nov, 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. 600

File

11-15-82 Date of Application

MALE
Medical Examination Report Dated 11-4-82
Name of Physician Wm Edwards

FEMALE
Medical Examination Report Dated 11-5-82
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 John Middle Thomas Last Bronstetter

Date of Birth: Month Sept Day 30 Year 1958

Place of Birth (State or foreign country): Lebanon, In

Residence Address: Street or R. R. P.O. Box 42 City Clayton County State Ind

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Henry Bronstetter
   Residence of father (if deceased so state) Clayton, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Beverly June Ogon
   Residence of mother (if deceased so state) Clayton, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John T. Bronstetter

New Address P.O. Box 42 Clayton Ind 46118

Subscribed and sworn to before me this 15 day of Nov, 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Penny Middle Sue Last Horner

Date of Birth: Month August Day 22 Year 1963

Place of Birth (State or foreign country): Danville, In

Residence Address: Street or R. R. P.O. Box 42 City Clayton County State Ind

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harley Gene Horner
   Residence of father (if deceased so state) Clayton, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Louise Phillips
   Residence of mother (if deceased so state) Clayton, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Penny Horner

New Address PO Box 42 Clayton, Ind 46118

Subscribed and sworn to before me this 15 day of Nov, 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14 day of Nov., 1982, authorizing the joining together as husband and wife John Thomas Bronstetter and Penny Sue Horner

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John D. Wylie hereby certify that on the 20 day of Nov one thousand nine hundred and 82 at Clayton, County of Hendricks, State of Indiana, Groom John Thomas Bronstetter of Hendricks County, State of Ind and, Bride Penny Sue Horner 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 Nov, 1982

Signed John D. Wylie

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of Dec, 1982

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 601

File

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

11-15-82 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 11-8-82
Name of Physician Hughes

FEMALE
Medical Examination Report Dated 11-8-82
Name of Physician Hughes

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Troy Middle L. Last Dare

Date of Birth: Month 12 Day 10 Year 1957

Place of Birth (State or foreign country) Muncy Ind

Residence Address: Street or R. R. RR 2 Box 12 City Clayton County Hend State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Allie E. Dare
   Residence of father (if deceased so state) Pfld Ind.
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Francis D. Lindsey
   Residence of mother (if deceased so state) Pfld Ind.
   Birthplace of mother (State or foreign country) Missouri

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Troy Dare

New Address RR2 Box 123 Camby - Ind.

Subscribed and sworn to before me this 15 day of Nov., 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Madonna Middle E. Last Eubank

Date of Birth: Month 4 Day 14 Year 1957

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: Street or R. R. RR 2 Box 123 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) 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 Edward A. Eubank
   Residence of father (if deceased so state) Indpls Ind.
   Birthplace of father (State or foreign country) Indpls Ind.
9. Full maiden name of mother Barbara N. Osborne
   Residence of mother (if deceased so state) Naples Fla.
   Birthplace of mother (State or foreign country) Indpls Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x madonna Eubank

New Address RR2, Box 123, Camby, Ind 4

Subscribed and sworn to before me this 15 day of Nov., 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 November, 1982, authorizing the joining together as husband and wife Troy L. Dare and Madonna E. Eubank

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Charles Elston hereby certify that on the 20 day of Nov one thousand nine hundred and 82 at Indianapolis, County of Marion State of Indiana, Groom Troy L. Dare of Hendricks County, State of Ind and, Bride Madonna E. Eubanks of Morgan County, State of Ind were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 20 day of Nov, 1982.

Signed Charles Elston

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of Nov, 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. 602

File

11-15-82 Date of Application

MALE
Medical Examination Report Dated 11-11-82
Name of Physician C. Kaurney

FEMALE
Medical Examination Report Dated 11-12-82
Name of Physician C. Kaurney

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Charles Middle Lee Last Ridenaur

Date of Birth: Month Feb Day 28 Year 1959

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 2331 2nd St City Plainfield County Ha. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clyde Ridenaur
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Nancy Ferguson
   Residence of mother (if deceased so state) Plainfield In.
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed + Charles Lee Ridenour

New Address 2331 Second St.

Subscribed and sworn to before me this 15 day of Nov, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Linda Middle Sue Last Faulkenburg

Date of Birth: Month Sept Day 14 Year 1959

Place of Birth (State or foreign country) Ind.

Residence Address: 263 N. Vine Street or R. R. City Plainfield County Ha. State In.

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 Ray Faulkenburg
   Residence of father (if deceased so state) Plainfield In.
   Birthplace of father (State or foreign country) In
9. Full maiden name of mother Esther Rebelhor
   Residence of mother (if deceased so state) Plainfield In.
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Linda Sue Faulkenburg

New Address 2331 Second St

Subscribed and sworn to before me this 15 day of Nov, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 19 day of Nov, 19 82, authorizing the joining together as husband and wife Charles Lee Ridenour and Linda Sue Faulkenburg

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, H. Michael Isaacs hereby certify that on the 20 day of Nov, one thousand nine hundred and 82 at Plainfield, County of Hendricks, State of Indiana, Groom Charles Lee Ridenour of Hendricks County, State of Ind and, Bride Linda Sue Faulkenburg 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 Nov, 19 82.

Signed H. Michael Isaacs

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of Nov, 19 82.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 603

File

11-16-82
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 11-10-82
Name of Physician Wm Edwards

FEMALE
Medical Examination Report Dated 11-11-82
Name of Physician L. Trammell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Lewis Middle I. Last Meratac

Date of Birth: Month Aug Day 1 Year 1963

Place of Birth (State or foreign country) Riverview, Mich

Residence Address: Street or R. R. 9610 Melody Ln City Indianapolis County Indianapolis State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Meratac 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 Jeffrey D. Meratac
   Residence of father (if deceased so state) Unknown
   Birthplace of father (State or foreign country) unknown
9. Full maiden name of mother Janis Vizdrick
   Residence of mother (if deceased so state) Southgate, Mich.
   Birthplace of mother (State or foreign country) Mich

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Janis L Meratac

New Address unknown

Subscribed and sworn to before me this 16 day of Nov, 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Tammy Middle M. Last Roberts

Date of Birth: Month Nov Day 25 Year 1965

Place of Birth (State or foreign country) Indianapolis, In

Residence Address: Street or R. R. 9610 Melody Ln City Indianapolis County Indianapolis State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Bordy Roberts 5 mo

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lester Eugene Roberts
   Residence of father (if deceased so state) unknown
   Birthplace of father (State or foreign country) unknown
9. Full maiden name of mother Francis Lucille Martin
   Residence of mother (if deceased so state) Indianapolis, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Tammy M Roberts

New Address unknown

Subscribed and sworn to before me this 16 day of Nov, 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued 3 days Waiver and filed in J.C. Poles authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the ..... day of ....., 19....., authorizing the joining together as husband and wife .....

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ..., hereby certify that on the ..... day of ....., one thousand nine hundred and ..... at ....., County of ....., State of Indiana, Groom ..... of ..... County, State of ....., and, Bride ..... of ..... County, State of ....., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this ..... day of ....., 19.....

Signed .....

Official Designation .....

Filed and recorded in accordance with the laws of the State of Indiana this ..... day of ....., 19.....

Clerk

Signed .....

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 604

File

11-16-82 Date of Application

MALE
Medical Examination Report Dated 11-6-82
Name of Physician James Black, MD.

FEMALE
Medical Examination Report Dated 11-6-82
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 William Middle P. Last Shannon

Date of Birth: Month April Day 20 Year 1954

Place of Birth (State or foreign country): Rockford Co. Oh.

Residence Address: 11304 W. Washington 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 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.
   April Marie
   Amanda Mae
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be 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 Pierce Shannon
   Residence of father (if deceased so state) unknown
   Birthplace of father (State or foreign country) unknown
9. Full maiden name of mother Georgia Marie Foreman
   Residence of mother (if deceased so state) Marion, In.
   Birthplace of mother (State or foreign country) Michigan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William P. Shannon

New Address 11304 W. WASHINGTON, INDNAP. IN. 46231

Subscribed and sworn to before me this 16 day of Nov., 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Deborah Middle R. Last Herring

Date of Birth: Month April Day 14 Year 1963

Place of Birth (State or foreign country): Columbus Ohio

Residence Address: 11304 W. Washington (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 Thomas Harris Herring
   Residence of father (if deceased so state) Marion In.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Ella Mae Longbury
   Residence of mother (if deceased so state) Marion, In.
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Deborah R. Herring

New Address 11304 W. Washington

Subscribed and sworn to before me this 16 day of Nov., 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 22nd day of November, 19 82, authorizing the joining together as husband and wife William P. Shannon and Deborah R. Herring

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Thomas H. Herring hereby certify that on the 25 day of Nov, one thousand nine hundred and 82, at Marion, County of Grant, State of Indiana, Groom William P. Shannon of Hendricks County, State of Ind and, Bride Deborah R. Herring 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 Nov, 1982.

Signed Thomas H. Herring

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of Nov, 1982.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 605

File

Nov. 16 1982
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 10-25-82
Name of Physician Tini Grest Md.

FEMALE
Medical Examination Report Dated 10-25-82
Name of Physician Tini Grest Md.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-13-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Walter Last Slattery
Date of Birth: Month February Day 11 Year 1956
Place of Birth (State or foreign country): Hobart City Marion County Ind. State
Residence Address: Street or R. R. 2170 Waterbeam 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 (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Marion Slattery
   Residence of father (if deceased so state) Speedway, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Roberta Jean Bernhart
   Residence of mother (if deceased so state) Speedway In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David Walter Slattery
New Address 2170 Waterbeam
Subscribed and sworn to before me this 16 day of Nov., 1982
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Mary Middle Ann Last Cox
Date of Birth: Month June Day 13 Year 1955
Place of Birth (State or foreign country): Ft. Wayne City Allen County Ind. State
Residence Address: Street or R. R. 2170 Waterbeam City Indpls County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Brandi Lee

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Philip Eugene Cox
   Residence of father (if deceased so state) Kissimmee, Fla.
   Birthplace of father (State or foreign country) Indianapolis In.
9. Full maiden name of mother Elizabeth Ann Young
   Residence of mother (if deceased so state) Rockford Indianapolis In.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mary Ann Cox
New Address 2170 Waterbeam
Subscribed and sworn to before me this 16 day of Nov., 1982
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23 day of Nov, 1982, authorizing the joining together as husband and wife David Walter Slattery and Mary Ann Cox

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, J. Richard Hunt hereby certify that on the 26 day of Nov one thousand nine hundred and 82 at Indianapolis, County of Marion, State of Ind. Groom David Walter Slattery of Hendricks County, State of Ind. and, Bride Mary Ann Cox of Hendricks County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 26 day of Nov, 1982.

Signed J. Richard Hunt
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of Nov, 1982.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Re Marriage

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 606

File

11-16-82
Date of Application

MALE
Medical Examination Report Dated 11-2-82
Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated 11-2-82
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 Richard Middle Lee Last Donald, Jr.

Date of Birth: Month March Day 18 Year 1944

Place of Birth (State or foreign country) Covington In

Residence Address: Street or R. R. Rt 1 Box 255-65 City Pittsboro 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Shane
   Chad
   Karie
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Donald, Sr.
   Residence of father (if deceased so state) B'burg
   Birthplace of father (State or foreign country) Kansas
9. Full maiden name of mother Dorothy Mae Houston
   Residence of mother (if deceased so state) B'burg
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Richard L Donald Jr
New Address Rt 1 Pittsboro Ind

Subscribed and sworn to before me this 16 day of Nov, 1982
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Janet Middle Yvonne Last Donald

Date of Birth: Month May Day 7 Year 1948

Place of Birth (State or foreign country) Clinton Indiana

Residence Address: Street or R. R. Rt 1 Box 255-65 City Pittsboro 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert E. Farley
   Residence of father (if deceased so state) Cayuga, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joy Ann Fultz
   Residence of mother (if deceased so state) Cayuga, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Janet Y. Donald
New Address Rt 1 Pittsboro Ind.

Subscribed and sworn to before me this 16 day of Nov. 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 November, 1982, authorizing the joining together as husband and wife Richard Lee Donald, Jr and Janet Yvonne Donald

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Donald T Tyler hereby certify that on the 23 day of Nov, one thousand nine hundred and 82 at Brownsburg, County of Hendricks, State of Indiana, Groom Richard Lee Donald, Jr of Hendricks County, State of Ind, and, Bride Janet Yvonne Donald 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 Nov, 1982.

Signed Donald T Tyler
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of Nov, 1982.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 607

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

Nov 17, 1982 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 11-11-82
Name of Physician Timothy Nichols

FEMALE
Medical Examination Report Dated 11-12-82
Name of Physician Timothy Nichols

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Eric Middle Lee Last Phillips

Date of Birth: Month 2 Day 17 Year 1959

Place of Birth (State or foreign country) Monroe Co. Indiana

Residence Address: Street or R. R. 374 School St. City Plainfield County State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Lee Phillips
   Residence of father (if deceased so state) Plainfield, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rosemary Ruth Corbin
   Residence of mother (if deceased so state) Mooresville, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Eric Lee Phillips

New Address 3226 S. State, Indianapolis

Subscribed and sworn to before me this 17 day of Nov, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Brenda Middle S. Last Kilgore

Date of Birth: Month 11 Day 25 Year 1957

Place of Birth (State or foreign country) Greencastle Indiana

Residence Address: Street or R. R. 3226 S. State St. City Indpls. County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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.
   Melonie Dawn Kilgore

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ted Russell Dwiggans Jr.
   Residence of father (if deceased so state) Cloverdale, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia Lucille Smith
   Residence of mother (if deceased so state) Quincy, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Brenda S. Kilgore

New Address 3226 S. State Indpls, In.

Subscribed and sworn to before me this 17 day of Nov, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior #2 Court by written order issued 3 days waived and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Nov, 19 82, authorizing the joining together as husband and wife Eric Lee Phillips and Brenda S. Kilgore

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 Nov one thousand nine hundred and 82 at Avon, County of Hendricks, State of Indiana, Groom Eric Lee Phillips of Hendricks County, State of Ind and, Bride Brenda S. Kilgore 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 20 day of Nov, 19 82

Signed John C. Mowrer

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of Nov, 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. 608

File

11-17-82 Date of Application

MALE
Medical Examination Report Dated 11-12-82
Name of Physician Littlefield

FEMALE
Medical Examination Report Dated 11-12-82
Name of Physician Littlefield

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle J. Last Hillock

Date of Birth: Month 8 Day 02 Year 1951

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: 1339 N. Dearborn Pkwy Street or R. R. Chicago City Cook County Ill. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers Licence

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John C. Hillock
   Residence of father (if deceased so state) Indpls Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Arminnie Dell Essig
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Minnesota

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael J Hillock

New Address 1339 N. Dearborn Pkwy. Chicago, Ill.

Subscribed and sworn to before me this 17 day of Nov., 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Jennifer Middle L. Last Hedges

Date of Birth: Month 7 Day 21 Year 1958

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: 405 E. Main Street or R. R. B'burg City Hend. County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John S. Hedges
   Residence of father (if deceased so state) B'burg Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lucricia Ann Canine
   Residence of mother (if deceased so state) B'burg, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Jennifer L. Hedges

New Address 1339 N. Dearborn Pkwy. Chicago Ill.

Subscribed and sworn to before me this 17 day of Nov., 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Nov., 19 82, authorizing the joining together as husband and wife Michael J Hillock and Jennifer L Hedges

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, George H Hoog hereby certify that on the 4 day of Dec, one thousand nine hundred and 82 at Brownsburg, County of Hendricks, State of Indiana, Groom Michael J Hillock of Cook County, State of Ill and, Bride Jennifer L Hedges of Allen County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 4 day of Dec, 19 82.

Signed George H Hoog

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of Dec, 19 82.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 609

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

11-17-82 Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 11-15-82
Name of Physician McMannis

FEMALE
Medical Examination Report Dated 11-15-82
Name of Physician McMannis

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle — Last Rollison

Date of Birth: Month September Day 17 Year 1966

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Slickridge Lane City Danville County Hendricks State IN

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Byson Lester Rollison
   Residence of father (if deceased so state) Danville, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Monica Sue Grubb
   Residence of mother (if deceased so state) Danville, IN
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James Rollison
New Address 5 Lickridge Lane Danville
Subscribed and sworn to before me this 17 day of November, 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

5 Lickridge lane Danville In

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed Monica S. Rollison Mother
Subscribed and sworn to before me this 17 day of November, 82
Mary Jane Russell Clerk

FEMALE APPLICANT

Name: First Kimberly Middle L. Last Cuzzart

Date of Birth: Month October Day 29 Year 1964

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Slickridge Lane City Danville County Hendricks State IN

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Paul Edward Cuzzart
   Residence of father (if deceased so state) R.R. 8 Box 1 Danville, IN
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Audra Fay Morris
   Residence of mother (if deceased so state) Danville, IN
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kimberly L. Cuzzart
New Address 5 Lickridge Ln. Danville
Subscribed and sworn to before me this 17 day of November 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

5 Lickridge Lane, Danville, IN

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19..
..... 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 Dep. Clerk Weiss and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 17 day of November, 1982, authorizing the joining together as husband and wife James Rollison and Kimberly L. Cuzzart

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer hereby certify that on the 17 day of Nov, one thousand nine hundred and 82 at Danville, County of Hendricks, State of Indiana, Groom James Rollison of Hendricks County, State of Ind, and, Bride Kimberly L. Cuzzart 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 Nov, 1982.

Signed John C. Mowrer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of Nov, 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. 610

File

11-17-82 Date of Application

MALE
Medical Examination Report Dated 11-16-82
Name of Physician A. Scudder

FEMALE
Medical Examination Report Dated 11-16-82
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: First John Middle William Last Oyler

Date of Birth: Month Dec Day 30 Year 1932

Place of Birth (State or foreign country) Carollton, Ky

Residence Address: Street or R. R. 5690 N. 901 E City Brownsburg County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 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.
   Joyonna Oyler 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 Claude Terrell Oyler
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Anna Laura Gullion
   Residence of mother (if deceased so state) Vevay, Indiana
   Birthplace of mother (State or foreign country) Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John W. Oyler

New Address 5690 N 901 E Brownsby, Ind.

Subscribed and sworn to before me this 17 day of Nov, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Linda Middle Ann Last McMurtre

Date of Birth: Month Feb Day 10 Year 1947

Place of Birth (State or foreign country) Lebanon, In

Residence Address: Street or R. R. 5690 N. 901 E City Brownsburg County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 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.
   Angela Williams 17
   Jerry McMurtre 12
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John W. Williams
   Residence of father (if deceased so state) Lebanon, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Freda Alice Everett
   Residence of mother (if deceased so state) Lebanon, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Linda Ann McMurtre

New Address 5690 N 901 E Brownsburg IN

Subscribed and sworn to before me this 17 day of Nov, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior I Court by written order issued 30 days waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 17 *day of* Novembr, 19 82, *authorizing the joining together as husband and wife* John William Oyler *and* Linda Ann McMurtre

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer *hereby certify that on the* 17 *day of* Nov, *one thousand nine hundred and* 82 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* John William Oyler *of* Hendricks *County, State of* Ind, *and, Bride* Linda Ann McMurtre *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* Nov, 19 82. *Signed* John C. Mowrer

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* Nov, 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. Cell

File

11-17-82
Date of Application

MALE
Medical Examination Report Dated 11-16-82
Name of Physician Scudder

FEMALE
Medical Examination Report Dated 11-16-82
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: First Gary Middle Wayne Last Case

Date of Birth: Month 11 Day 11 Year 1964

Place of Birth (State or foreign country) Marion Ind.

Residence Address: Street or R. R. 120 Williams Dr. City B'burg County Hend State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Virgil M. Case
   Residence of father (if deceased so state) Montpier Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Alice Jean Bartley
   Residence of mother (if deceased so state) B'burg Ind.
   Birthplace of mother (State or foreign country) Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ Gary Case
New Address 120 I Williams Dr Brownsburg
Subscribed and sworn to before me this 17 day of Nov 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Christina Middle Kay Last Miller

Date of Birth: Month 11 Day 20 Year 1962

Place of Birth (State or foreign country) Marion Ind.

Residence Address: Street or R. R. 320 S Green City B'burg County Hend State Ind

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Perry Lee Miller
   Residence of father (if deceased so state) Hartford City, Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dixie Ann Palmer
   Residence of mother (if deceased so state) Hartford City, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ Christina K. Miller
New Address 120 I Williams Dr. Brownsburg
Subscribed and sworn to before me this 17 day of Nov 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 November, 82, authorizing the joining together as husband and wife Gary Wayne Case and Christina K. Miller

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, H. Gene Pool hereby certify that on the 22 day of Nov one thousand nine hundred and 82 at Hartford City, County of Blackford, State of Ind, Groom Gary Wayne Case of Hendricks County, State of Ind, and, Bride Christina K. Miller 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 Nov, 1982.

Signed H. Gene Pool
Official Designation Minister, 1982

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of Nov, 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. 612

File

11-18-82
Date of Application

MALE
Medical Examination Report Dated 11-9-82
Name of Physician Neeley

FEMALE
Medical Examination Report Dated 11-5-82
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: First Tommy Middle W. Last Childress

Date of Birth: Month 4 Day 16 Year 1953

Place of Birth (State or foreign country) Greencastle Ind.

Residence Address: Street or R. R. RR 5 Box 357 City Greencastle County Putnam State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ~~☑~~ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ~~☑~~ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ~~☑~~ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any ~~dependent~~ children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Mose Childress
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Ann Cresswell
   Residence of mother (if deceased so state) Mt. Meridian Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Tommy W. Childress
New Address Cloverdale R.R. 1 Box 297A

Subscribed and sworn to before me this 18 day of Nov. 82.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Jennifer Middle A. Williams Last Street

Date of Birth: Month 7 Day 7 Year 1962

Place of Birth (State or foreign country) Ladoga Ind.

Residence Address: Street or R. R. P.O. Box 138 City Stilesville County Hendricks State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers 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.
   David Sara Street

7. Are you required by any court order or orders to support the above dependent children? No ~~☑~~ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Curtis ~~Lee~~ Williams
   Residence of father (if deceased so state) Clyd. Ind.
   Birthplace of father (State or foreign country) Florida
9. Full maiden name of mother Janet Anne Dalton
   Residence of mother (if deceased so state) Stilesville Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jennifer Ann Street
New Address ~~Pa~~ RR1 Box 297A Cloverdale

Subscribed and sworn to before me this 18 day of Nov. 19 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24 day of Nov, 19 82, authorizing the joining together as husband and wife Tommy W. Childress and Jennifer A. Street

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Donny P. Byrd hereby certify that on the 22 day of Nov, one thousand nine hundred and 82 at Budgeport, County of Marion, State of Indiana, Groom Tommy W. Childress of Clay County, State of Ind, and, Bride Jennifer A. Street 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 Nov, 19 82.

Signed Donny P. Byrd
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of Dec, 19 82

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 613

File

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

11-19-82
Date of Application

MALE
Medical Examination Report Dated 11-13-82
Name of Physician Cohen

FEMALE
Medical Examination Report Dated 11-13-82
Name of Physician Cohen

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ronald. Middle A. Last Hallock
Date of Birth: Month 11 Day 4 Year 1950
Place of Birth (State or foreign country) Charleston Ill.
Residence Address: Street or R. R. 9744 W. Stafford City Indpls County Hend State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Max Dean Hallock
   Residence of father (if deceased so state) Memphis, Tenn.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Mary Lou Hubbard
   Residence of mother (if deceased so state) Memphis, Tenn.
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✕ Ronald A Hallock
New Address 9744 W. Stafford Indpls, In 46231

Subscribed and sworn to before me this 19 day of November 1982.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Landra Middle K. Last Armand.
Date of Birth: Month 3 Day 22 Year 1954
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: 1531 E. Twp Line Rd. City Clfd County Hend State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) 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 Arthur Armand.
   Residence of father (if deceased so state) Clfd, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ruth Evelyn Williams
   Residence of mother (if deceased so state) Clfd. Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✕ Landra K. Armand
New Address 9744 W. Stafford Indpls IN 46231

Subscribed and sworn to before me this 19 day of November 82.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24 day of Nov., 19 82, authorizing the joining together as husband and wife Ronald A. Hallock and Landra K Armand

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John Caldwell hereby certify that on the 1 day of Jan, one thousand nine hundred and 83, at Avon, County of Hendricks, State of Indiana, Groom, Ronald A Hallock of Hendricks County, State of Ind, and, Bride, Landra K Armand 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 Jan, 1983.

Signed John Caldwell
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 4 day of Jan, 1983.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 614

File 11-19-82 Date of Application

MALE
Medical Examination Report Dated 11-19-82
Name of Physician Miller

FEMALE
Medical Examination Report Dated 11-19-82
Name of Physician Miller

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Richard Middle C. Last Innes

Date of Birth: Month April Day 18 Year 1948

Place of Birth (State or foreign country) Michigan

Residence Address: Street or R. R. 531 Blossem Dr., City Plainfield County Hendricks State IN

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William P. Innes
   Residence of father (if deceased so state) Cheshire, CN
   Birthplace of father (State or foreign country) Detroit, MI
9. Full maiden name of mother Dorothy L. Richards
   Residence of mother (if deceased so state) Cheshire, CN
   Birthplace of mother (State or foreign country) Hancock, MI

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed [signature]

New Address same as above

Subscribed and sworn to before me this 19 day of November, 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Mary Middle M. Last Harrell

Date of Birth: Month June Day 24 Year 1943

Place of Birth (State or foreign country) New Orleans

Residence Address: Street or R. R. 531 Blossem Dr., City Plainfield County Hendricks State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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 Walter S. Juskiewicz
   Residence of father (if deceased so state) Plymouth, IN
   Birthplace of father (State or foreign country) Pennsylvania
9. Full maiden name of mother Margaret J. Gammel
   Residence of mother (if deceased so state) Plymouth, IN
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mary M. Harrell

New Address SAME AS ABOVE

Subscribed and sworn to before me this 19 day of November 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24th day of Nov., 1982, authorizing the joining together as husband and wife Richard C. Innes and Mary M. Harrell

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mourer hereby certify that on the 3 day of Dec, one thousand nine hundred and 82 at Danville, County of Hendricks, State of Indiana, Groom Richard C. Innes of Hendricks County, State of Ind and, Bride Mary M. Harrell 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 Dec, 19 82.

Signed John C. Mourer

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this ..... day of Dec, 19 82.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 615

File

11-19-82
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 11-15-82
Name of Physician G. Sinkovic

FEMALE
Medical Examination Report Dated 11-19-82
Name of Physician G. Sinkovic

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle T. Last Hopwood Jr.
Date of Birth: Month Jan Day 9 Year 1964
Place of Birth (State or foreign country): Marion Co. Ind
Residence Address: Street or R. R. 5655 Manx Dr City Indianapolis County, State In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Hopwood
   Residence of father (if deceased so state) Indianapolis, In
   Birthplace of father (State or foreign country) Penn.
9. Full maiden name of mother Rosegyne Moon
   Residence of mother (if deceased so state) Indianapolis, In
   Birthplace of mother (State or foreign country) Penn

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John Hopwood
New Address 23 Hickory Rd.

Subscribed and sworn to before me this 19 day of Nov, 19 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Michele Middle A. Last Havens
Date of Birth: Month Aug. Day 20 Year 1964
Place of Birth (State or foreign country) Marion Co. Ind.
Residence Address: Street or R. R. 23 Hickory Rd. City Brownsburg, County, State In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Earl Havens
   Residence of father (if deceased so state) Brownsburg, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Linda Lone Kernodle
   Residence of mother (if deceased so state) Brownsburg, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michele Havens
New Address 23 Hickory Rd.,

Subscribed and sworn to before me this 14 day of Nov, 19 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23 day of Nov, 19 82, authorizing the joining together as husband and wife John T. Hopwood Jr. and Michele A. Havens

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM PAPPANO hereby certify that on the 4th day of DEC., one thousand nine hundred and 82 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom JOHN T. HOPWOOD, JR. of MARION County, State of IN, and, Bride MICHELE A. HAVENS of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 4th day of DEC., 19 82.

Signed /s/ WILLIAM PAPPANO
Official Designation CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of MAY, 19 89.

Signed Lonnie Lawson Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 616

File

11-19-82 Date of Application

MALE
Medical Examination Report Dated 11-16-82
Name of Physician Haggard

FEMALE
Medical Examination Report Dated 11-16-82
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 James Middle M Last Brawner

Date of Birth: Month 8 Day 21 Year 1958

Place of Birth (State or foreign country): Macon Co. Tenn.

Residence Address: Street or R. R. 2754 Embassy Row #533 City Indpls County Marion State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: James Carl Brawner
   Residence of father (if deceased so state): Deceased
   Birthplace of father (State or foreign country): Tennessee
9. Full maiden name of mother: Alma L. Smith
   Residence of mother (if deceased so state): Elfd Ind.
   Birthplace of mother (State or foreign country): Tennessee

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed x James Mack Brawner
New Address 2754 Embassy Row #533

Subscribed and sworn to before me this 19 day of Nov, 19 82

Mary Jane Russell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Dena Middle A. Last Stahl

Date of Birth: Month 2 Day 8 Year 1959

Place of Birth (State or foreign country): Bowling Green KY

Residence Address: Street or R. R. 223 Hancock St City Elfd County Hend State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 G. Stahl
   Residence of father (if deceased so state): Elfd Ind.
   Birthplace of father (State or foreign country): Bowling Green Ky
9. Full maiden name of mother: Margaret Jean Kay
   Residence of mother (if deceased so state): Elfd Ind.
   Birthplace of mother (State or foreign country): Tennessee

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed x Dena A Stahl
New Address 2754 Embassy Row #533

Subscribed and sworn to before me this 19 day of Nov, 19 82

Mary Jane Russell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24 day of November, 19 82, authorizing the joining together as husband and wife James M. Brawner and Dena A. Stahl

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer hereby certify that on the 24 day of Nov, one thousand nine hundred and 82 at Danville, County of Hendricks, State of Indiana, Groom James M Brawner of Marion County, State of Ind, and, Bride Dena A. Stahl 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 Nov, 1982.

Signed John C. Mowrer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of Nov, 1982.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 617

File

Date of Application 11-22-82

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

MALE
Medical Examination Report Dated 11-17-82
Name of Physician Floyd

FEMALE
Medical Examination Report Dated 11-17-82
Name of Physician Floyd

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle A. Last Cosner
Date of Birth: Month 5 Day 18 Year 1947
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R. R. Box 162 City Stilesville County Hend. State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) 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.
   James Michael Cosner
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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 Cosner
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Tressa May Simmons
   Residence of mother (if deceased so state) Stilesville Ind.
   Birthplace of mother (State or foreign country) Wayne Oklahoma

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James A Cosner
New Address 1003 Valley View Dr. #3
Subscribed and sworn to before me this 22 day of Nov, 1982
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Marcia Middle L. Last Nelson Stagle
Date of Birth: Month 4 Day 1 Year 1952
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R. R. 1003 Valley View Dr #3 City Plfd County Hend. State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
6. List the full names of any dependent children.
   Kenneth Ray Stagle
   Melanie Ludell Stagle
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Merritt Wilson
   Residence of father (if deceased so state) Florida
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lozella Tucker
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Marcia L Stagle
New Address 1003 Valley View Dr. #3 Plainfield
Subscribed and sworn to before me this 22 day of Nov, 1982
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 1 day of December, 19 82, authorizing the joining together as husband and wife James A. Cosner and Marcia L Stagle
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, D. Stephen Bond hereby certify that on the 10 day of Dec one thousand nine hundred and 82 at Indianapolis, County of Marion State of Indiana, Groom James A. Cosner of Hendricks County, State of Ind and, Bride Marcia L. Stagle 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 Dec, 19 82.

Signed D. Stephen Bond
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of Dec, 19 82.
Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 618

File Nov. 23, 1982 Date of Application

MALE
Medical Examination Report Dated 11-16-82
Name of Physician Leroy Calkin

FEMALE
Medical Examination Report Dated 11-17-82
Name of Physician Leroy Calkin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Rodney Middle Eugen Last Calkin

Date of Birth: Month Dec Day 30 Year 1957

Place of Birth (State or foreign country) Colorado

Residence Address: Street or R. R. 7200 N. 43rd Ave City Glendale County Maricopa State Az.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Day~~ Marvin Calkin
   Residence of father (if deceased so state) Alamosa, Co.
   Birthplace of father (State or foreign country) Colorado
9. Full maiden name of mother Joan Major
   Residence of mother (if deceased so state) Alamosa, Co.
   Birthplace of mother (State or foreign country) Colorado

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rodney Calkin

New Address 7102 N 43rd Ave #137 Glendale AZ

Subscribed and sworn to before me this 23 day of Nov, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Natalie Middle Sue Last Day

Date of Birth: Month Dec Day 14 Year 1962

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 675 Lauradale City Plainfield County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John G. Day
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) In
9. Full maiden name of mother Sharon M. Bentsen
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) S. Dak.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Natalie Sue Day

New Address 702 N 43rd Ave #137 Glendale AZ.

Subscribed and sworn to before me this 23 day of Nov, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County 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* 23rd *day of* Nov., 19 82, *authorizing the joining together as husband and wife* Rodney Eugene Calkin *and* Natalie Sue Day

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, R.D. Jossonske *hereby certify that on the* 28 *day of* Nov, *one thousand nine hundred and* 82 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Rodney Eugen Calkin *of* Maricopa *County, State of* Az *and, Bride* Natalie Sue Day *of* Hendricks *County, State of*, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 28 *day of* Nov, 19 82.

Signed R.D. Jossonske

Official Designation Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* Nov, 19 82.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

No. 619

File

11-23-82
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 11-19-82
Name of Physician Black

FEMALE
Medical Examination Report Dated 11-19-82
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: First Donald Middle Bruce Last Best

Date of Birth: Month 5 Day 23 Year 1963

Place of Birth (State or foreign country) Naples Ind.

Residence Address: Street or R. R. 38 Fairwood City B'burg County Hend State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald R. Best
   Residence of father (if deceased so state) B'burg Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Doris M. Adkins
   Residence of mother (if deceased so state) B'burg. Ind.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ronald B. Best

New Address San diago California

Subscribed and sworn to before me this 23 day of Nov, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Lisa Middle Renee Last McFeeron

Date of Birth: Month 4 Day 16 Year 1960

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: Street or R. R. 6660 E. 350 N City B'burg County Hend State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Kenneth Ray McFeeron
   Residence of father (if deceased so state) B'burg, Ind
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Melba Rosa Sadler
   Residence of mother (if deceased so state) B'burg. Ind.
   Birthplace of mother (State or foreign country) Missouri

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lisa R. McFeeron

New Address San Diego, CA

Subscribed and sworn to before me this 23 day of Nov. 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 30 day of Nov, 19 82 authorizing the joining together as husband and wife Ronald Bruce Best and Lisa R. McFeeron

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Kollie S. Miller hereby certify that on the 4 day of Dec, one thousand nine hundred and 82 at Boyrnsburg, County of Hendricks, State of Indiana, Groom Ronald Bruce Best of Hendricks County, State of Ind, and, Bride Lisa R McFeeron 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 Dec, 19 82.

Signed Kollie S. Miller

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of Dec, 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. 620

File -

11-23-82
Date of Application

MALE
Medical Examination Report Dated 11-23-82
Name of Physician Sudder

FEMALE
Medical Examination Report Dated 11-23-82
Name of Physician Sudder

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle Gilbert Last Shuck

Date of Birth: Month 6 Day 4 Year 1961

Place of Birth (State or foreign country) Frankfort Ind.

Residence Address: Street or R. R. 43 Edenwood City B'burg County Hend State Ind

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Gilbert Cecil Shuck
   Residence of father (if deceased so state) B'burg Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Josephine L. Evans
   Residence of mother (if deceased so state) B'burg Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Dave Shuck

New Address West Lafayette

Subscribed and sworn to before me this 23 day of Nov, 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Lorie Middle L. Last Lash

Date of Birth: Month 8 Day 25 Year 1963

Place of Birth (State or foreign country) Danville Ind.

Residence Address: Street or R. R. 3050 N St. Rd. 267 City B'burg County Hend State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Roger Dale Lash
   Residence of father (if deceased so state) B'burg Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Anna Marie Taylor
   Residence of mother (if deceased so state) B'burg Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Lorie L. Lash

New Address West Lafayette IN

Subscribed and sworn to before me this 23 day of Nov, 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 3 day of December, 19 82 authorizing the joining together as husband and wife David G. Shuck and Lorie L. Lash

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Kenneth C. Taylor hereby certify that on the 4 day of Dec, one thousand nine hundred and 82 at Mooresville, County of Morgan, State of Ind, Groom David G. Shuck of Hendricks County, State of Ind, and, Bride Lorie L. Lash of Hendricks County, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 4 day of Dec, 19 82

Signed Kenneth C. Taylor

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of Dec, 19 82

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 621

File

11-29-82
Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

MALE
Medical Examination Report Dated 11-19-82
Name of Physician Shallett

FEMALE
Medical Examination Report Dated 11-5-82
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 David Middle Sabatino Last Ramundo

Date of Birth: Month Dec. Day 8 Year 1959

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. 639 Craig Place City Addison County Dupage State IL

Previous Marital 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 Thomas Joseph Ramundo
   Residence of father (if deceased so state) Addison, Il
   Birthplace of father (State or foreign country) New York
9. Full maiden name of mother Mary Rachel Casarella
   Residence of mother (if deceased so state) Addison
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X David Sabatino Ramundo

New Address 1104 Madison Ave- Lockport 60441

Subscribed and sworn to before me this 29 day of Nov, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Linda Middle Anne Last Billings

Date of Birth: Month Dec. Day 17 Year 1960

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 631 Kentucky Ave. City Plfd County Hend State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) drivers 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 Leland Benton Billings
   Residence of father (if deceased so state) Plfd.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Anne Wynelle Davis
   Residence of mother (if deceased so state) Plfd.
   Birthplace of mother (State or foreign country) Georgia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Linda Anne Billings

New Address 1104 Madison St. Lockport

Subscribed and sworn to before me this 29 day of Nov, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 December, 19 82, authorizing the joining, together as husband and wife David Sabatino Ramundo and Linda Anne Billings

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Thomas Joseph Ramundo, Jr. hereby certify that on the 4 day of Dec one thousand nine hundred and 82 at Indianapolis, County of Marion, State of Ind., Groom David Sabatino Ramundo of Will County, State of Ill., and, Bride Linda Anne Billings 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 Dec, 19 82.

Signed Thomas Joseph Ramundo, Jr.

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of Dec, 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. 622

File

11-29-82 Date of Application

MALE
Medical Examination Report Dated 10-29-82
Name of Physician Foster

FEMALE
Medical Examination Report Dated 10-29-82
Name of Physician Foster

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle S. Last McEwan
Date of Birth: Month 10 Day 9 Year 1953
Place of Birth (State or foreign country) Gary Ind.
Residence Address: Street or R. R. 1947 Strawberry St City Portage County Porter State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers Licence

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☑
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William McEwan
   Residence of father (if deceased so state) Islamorada Fla.
   Birthplace of father (State or foreign country) Gary Ind.
9. Full maiden name of mother Shirley Joan Timmerman
   Residence of mother (if deceased so state) Hobart Ind.
   Birthplace of mother (State or foreign country) Gary Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael S. McEwan
New Address 1947 Strawberry St. Portage, In.

Subscribed and sworn to before me this 29 day of Nov, 19 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Kelley Middle Leigh Last Adamson
Date of Birth: Month 6 Day 29 Year 1961
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: 839 W. Morris 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Glen Adamson
   Residence of father (if deceased so state) Plfd Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Dorothy Jean Voight
   Residence of mother (if deceased so state) Plfd Ind.
   Birthplace of mother (State or foreign country) Indpls Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kelley L. Adamson
New Address .....

Subscribed and sworn to before me this 29 day of Nov, 19 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Dec 19 82 authorizing the joining together as husband and wife Michael S. McEwan and Kelley Leigh Adamson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Edwin J. Phillips hereby certify that on the 18 day of Dec, one thousand nine hundred and 82 at Plainfield, County of Hendricks, State of Indiana, Groom Michael S. McEwan of Porter County, State of Ind and, Bride Kelley Leigh Adamson 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 Dec, 19 82.

Signed Edwin J. Phillips
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of Dec, 19 82.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 623

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

11-30-82 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 11-19-82
Name of Physician James Black

FEMALE
Medical Examination Report Dated 11-19-82
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: First Leo Middle L. Last Russell
Date of Birth: Month July Day 17 Year 1920
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R. R. 810 Locust Ln City Brownsburg County State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Elmer D. Russell
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Helen L. Kenitz
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Leo L Russell
New Address 810 Locust Ln Brownsburg
Subscribed and sworn to before me this 30 day of Nov, 19 82.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Ellen Middle Last Holmes
Date of Birth: Month Oct Day 14 Year 1937
Place of Birth (State or foreign country) W. Va
Residence Address: Street or R. R. 1490 Locust Ln City Brownsburg County State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Abner Conley, Jr.
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Nellie L. Conley
   Residence of mother (if deceased so state) Grayson, Ky
   Birthplace of mother (State or foreign country) Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ellen Holmes
New Address 810 Locust Lane Brownsburg
Subscribed and sworn to before me this 30 day of Nov, 19 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 4 day of Dec, 1982, authorizing the joining together as husband and wife Leo L. Russell and Ellen Holmes
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Mowrer hereby certify that on the 7 day of Dec, one thousand nine hundred and 82 at Danville, County of Hendricks, State of Indiana, Groom Leo L. Russell of Hendricks County, State of Ind, and, Bride Ellen 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 7 day of Dec, 1982.

Signed John C Mowrer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 8 day of Dec, 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. 624

File

11-30-82 Date of Application

MALE
Medical Examination Report Dated 11-19-82
Name of Physician Hadley

FEMALE
Medical Examination Report Dated 11-19-82
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 Thomas Middle R. Last Retherford

Date of Birth: Month 12 Day 10 Year 1942

Place of Birth (State or foreign country) Connersville Ind.

Residence Address: 587 Street or R. R. Lombardi City Plfd County Hend State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☑
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Lynn Ann Retherford
   Cynda Kay Retherford
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Roscoe H. Retherford
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen M. Williams
   Residence of mother (if deceased so state) Connersville, Ind.
   Birthplace of mother (State or foreign country) Connersville, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✕ Thomas R Retherford

New Address Same

Subscribed and sworn to before me this 30 day of Nov, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Patricia Middle K. Last Prichard

Date of Birth: Month 5 Day 2 Year 1954

Place of Birth (State or foreign country) Martinsville Ind.

Residence Address: 587 Street or R. R. Lombardi City Plfd County Hend State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Noel Christian Prichard
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert L. Farmer
   Residence of father (if deceased so state) Hazelwood, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Juanita Dunn
   Residence of mother (if deceased so state) Hazelwood Ind.
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✕ Patricia K Prichard

New Address Same

Subscribed and sworn to before me this 30 day of Nov. 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 4 day of December, 1982, authorizing the joining together as husband and wife Thomas R. Retherford and Patricia K. Prichard

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Mitchell Gieselman hereby certify that on the 11 day of Dec, one thousand nine hundred and 82 at Plainfield, County of Hendricks, State of Indiana, Groom Thomas R. Retherford of Hendricks County, State of Ind. and, Bride Patricia K. Prichard 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 11 day of Dec, 19 82.

Signed Mitchell Gieselman

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of Dec, 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. 625

File

12-2-82
Date of Application

MALE
Medical Examination Report Dated 11-20-82
Name of Physician Harris

FEMALE
Medical Examination Report Dated 11-20-82
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: First William Middle C. Last White III

Date of Birth: Month 3 Day 2 Year 1957

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. PO Box 104 3035 Mill City Plfd County Hend State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William C. White Jr.
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Plfd Ind.
9. Full maiden name of mother Carol Jane Wilson
   Residence of mother (if deceased so state) Danville Ind.
   Birthplace of mother (State or foreign country) Indpls Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William C White III

New Address P.O. Box 104 Plainfield IN. 46168

Subscribed and sworn to before me this 2 day of Dec. 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Julie Middle Ann Last Richards

Date of Birth: Month 10 Day 1 Year 1961

Place of Birth (State or foreign country) Marion Ind.

Residence Address: Street or R. R. 808 Fenton Rd. City Marion County Grant State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jerry W. Richards
   Residence of father (if deceased so state) Marion Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sue Ann Gossett
   Residence of mother (if deceased so state) Marion Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Julie Ann Richards

New Address P.O Box 104 303 South Mill Plainfield In. 46168

Subscribed and sworn to before me this 2 day of Dec. 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 6 day of December, 19 82, authorizing the joining together as husband and wife William C White III and Julie Ann Richards

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, William R Clayton hereby certify that on the 18 day of Dec, one thousand nine hundred and 82, at Marion, County of Grant, State of Ind, Groom William C White III of Hendricks County, State of Ind, and, Bride Julie Ann Richards 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 Dec, 19 82.

Signed William R. Clayton

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of Dec, 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. 626

File

12-3-82 Date of Application

MALE
Medical Examination Report Dated December 3, 1982
Name of Physician Robert W. Kitley

FEMALE
Medical Examination Report Dated 11-30-82
Name of Physician Gene C. Baker, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Donald Middle Todd Last Pierson

Date of Birth: Month 11 Day 24 Year 1958

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 12 Round Hill Rd. City Danville County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 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 George Edward Pierson
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Danville, In.
9. Full maiden name of mother Sandra Kay Williams
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donald Todd Pierson

New Address 1919 Buccaneer Dr Sarasota FL 33581

Subscribed and sworn to before me this 3rd day of December, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Cheryl Middle Ann Last Trainer

Date of Birth: Month 3 Day 12 Year 1959

Place of Birth (State or foreign country) Ft. Wayne, Indiana

Residence Address: Street or R. R. 1921 LeBond Dr. City Ft. Wayne County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald Dean Trainer
   Residence of father (if deceased so state) Ft. Wayne, In.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Norma Gene Bricker
   Residence of mother (if deceased so state) Ft. Wayne, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Cheryl Ann Trainer

New Address 1919 Buccaneer Drive Sarasota, Fl 33581

Subscribed and sworn to before me this 3rd day of December, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 December, 19 82 authorizing the joining together as husband and wife Donald Todd Pierson and Cheryl Trainer.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Stanley A. Johnson hereby certify that on the 11 day of Dec, one thousand nine hundred and 82 at Danville, County of Hendricks, State of Indiana, Groom Donald Todd Pierson of Hendricks County, State of Ind and, Bride Cheryl Trainer of Allen County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11 day of Dec, 19 82.

Signed Stanley A. Johnson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of Dec, 19 82.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 627

File

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

12-3-82 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 11-22-82
Name of Physician Jackson

FEMALE
Medical Examination Report Dated 11-23-82
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: First Michael Middle J. Last Tobe

Date of Birth: Month 10 Day 5 Year 1954

Place of Birth (State or foreign country) Dayton, Ohio

Residence Address: Street or R. R. 3365 N. 950 E. City B'burg County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers 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 Milton Charles Tobe
   Residence of father (if deceased so state) Dayton Ohio
   Birthplace of father (State or foreign country) St. Henry Ohio
9. Full maiden name of mother Mary Ann Hepper
   Residence of mother (if deceased so state) Dayton, Ohio
   Birthplace of mother (State or foreign country) Cincinnati Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael J. Tobe

New Address 3365 N. 950 E. Brownsburg IN.

Subscribed and sworn to before me this 8 day of December, 1982.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Cindy Middle L. (Egan) Last Kashman

Date of Birth: Month 1 Day 18 Year 1957

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: Street or R. R. 3365 N. 950 E. City B'burg County Hend State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers Licence w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☑
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Shannon Marie Kashman
   Jeremy Michael Kashman
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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 Egan
   Residence of father (if deceased so state) Indpls Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Thelma Troutman
   Residence of mother (if deceased so state) Indpls Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Cindy Jo Kashman

New Address 3365 N. 950 E. Brownsburg IN

Subscribed and sworn to before me this 13 day of December, 1982.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10 day of Dec, 19 82, authorizing the joining together as husband and wife Michael J. Tobe and Cindy J. Kashman

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, James H. Fierek hereby certify that on the 10 day of Dec one thousand nine hundred and 82 at Danville, County of Hendricks State of Indiana, Groom Michael J. Tobe of Hendricks County, State of Ind and, Bride Cindy J. Kashman 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 Dec, 19 82.

Signed James H. Fierek

Official Designation Judge Pro-Tem

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of Dec, 19 82

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By Indiana State Board of Health under Authority of I.C. 16-1-5-2 Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 628

File 12-6-82 Date of Application

MALE
Medical Examination Report Dated 11-30-82
Name of Physician Viera

FEMALE
Medical Examination Report Dated 12-3-82
Name of Physician Viera

ALL QUESTIONS MUST BE ANSWERED I.C. 35-1-54-6 prescribed "False statements — Whoever procures the issuance of a license by means of any false statement, representation or personation shall be fined in any sum not exceeding five hundred dollars ($500.00)."

MALE APPLICANT

Name: First Kirk Middle P Last Catton
Date of Birth: Month 12 Day 17 Year 1955
Place of Birth (State or foreign country): Blackford Co. Ind.
Residence: Street & No. RR 2 Box 262 City or Town Clayton State Ind.
Previous Marital Status: Never Married ● Ot.
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify): Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ● Yes ☐
If answer is "yes" has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ● Yes ☐
3. Are you related to the female applicant closer than second cousin? No ● Yes ☐
4. Are you now under the influence of intoxicating liquor? No ● Yes ☐
5. Are you now under the influence of a narcotic drug? No ● Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes" it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: William Taldo Catton
Residence of father (if deceased so state): Dalgard Indiana
Birthplace of father (State or foreign country):
9. Full maiden name of mother: Barbara Ann Kirkpatrick
Residence of mother (if deceased so state): Hartford City Ind.
Birthplace of mother (State or foreign country): Hartford City Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Kirk P. Catton
Post Office Address: RR2 Box 262 Clayton
Subscribed and sworn to before me this 6 day of December 82
Mary Jane Russell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____ 19__
_____ Clerk

FEMALE APPLICANT

Name: First Diana Middle R. Last Sparlock
Date of Birth: Month 4 Day 7 Year 1957
Place of Birth (State or foreign country): Terre Haute Ind.
Residence: Street & No. R 1 Box 20 City or Town Cataldo State Ind.
Previous Marital Status: Never Married ● Ot.
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: Jesse Dana Sparlock
Residence of father (if deceased so state): Cataldo Idaho
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Joy Lee Taylor
Residence of mother (if deceased so state): Cataldo Idaho
Birthplace of mother (State or foreign country): Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Diana R. Sparlock
Post Office Address: RR 2 Box 20 2 Clayton IN
Subscribed and sworn to before me this 6 day of December 82
Mary Jane Russell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____ 19__
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 December 19 82 authorizing the joining together as husband and wife Kirk P Catton and Diana R Sparlock

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Darrel Coleman hereby certify that on the 10 day of Dec one thousand nine hundred and 82 at Lizton County of Hendricks State of Indiana, Groom Kirk P. Catton of Hendricks County, State of Ind. and, Bride Diana R. Sparlock 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 Dec 19 82.

Signed Darrel N. Coleman
Official Designation Judge Pro Tem

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of Dec 19 82

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

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Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 629

File

12-6-82
Date of Application

MALE
Medical Examination Report Dated 11-26-82
Name of Physician Thomas M. Walker

FEMALE
Medical Examination Report Dated 11-26-82
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: First James Middle E. Last Price Jr.
Date of Birth: Month 3 Day 7 Year 1936
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. Rt. #2, City Danville, County, State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License w/Pic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Edsel Price
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Edith Edna Dobbs
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James E. Price Jr.
New Address RR 2 Danville Ind.

Subscribed and sworn to before me this 6th day of December, 1982
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Loretta Middle Last Weaver
Date of Birth: Month 10 Day 24 Year 1938
Place of Birth (State or foreign country) Elwood, Indiana
Residence Address: Street or R.R. Rt. #2, City Danville, County, State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License w/Pic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Kevin Weaver
   Karla Weaver
   Eugene Weaver
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Woodrow Hemphill
   Residence of father (if deceased so state) Maine
   Birthplace of father (State or foreign country) Elwood In.
9. Full maiden name of mother Alberta Louise Doss
   Residence of mother (if deceased so state) Elwood, In.
   Birthplace of mother (State or foreign country) Elwood, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Loretta J. Weaver
New Address RR 2 Danville Ind

Subscribed and sworn to before me this 6th day of December, 1982
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10 day of December, 1982, authorizing the joining together as husband and wife James E. Price Jr. and Loretta Weaver

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Floyd Skinner hereby certify that on the 11 day of Dec one thousand nine hundred and 82 at Danville, County of Hendricks State of Indiana, Groom James E. Price, Jr. of Hendricks County, State of Ind and, Bride Loretta Weaver 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 11 day of Dec, 1982.

Signed Floyd Skinner
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of Dec, 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. 630

File

Dec. 6, 1982
Date of Application

MALE
Medical Examination Report Dated 11-29-82
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 11-29-82
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: First Brit Middle A. Last Howard

Date of Birth: Month December Day 10 Year 1960

Place of Birth (State or foreign country): Putnam Co. In

Residence Address: Street or R. R. R.R. # 2 Box 18 City Coatesville County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) drivers lic. (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert J. Howard
   Residence of father (if deceased so state) Coatesville, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Norma Sue Stanley
   Residence of mother (if deceased so state) Coatesville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Brit A. Howard

New Address R.R. 1 Coatesville, IN

Subscribed and sworn to before me this 6 day of Dec., 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Brenda Middle L. Last Johnson

Date of Birth: Month December Day 21 Year 1960

Place of Birth (State or foreign country): Putnam Co. In.

Residence Address: Street or R. R. R.R. # 2 Box 401 City Clayton County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) drivers lic. (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Edgar Johnson
   Residence of father (if deceased so state) Clayton, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Evelyn Sue Luttrell
   Residence of mother (if deceased so state) Clayton, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Brenda L. Johnson

New Address RR # 1, Coatesville, IN 46121

Subscribed and sworn to before me this 6 day of Dec., 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 December, 1982, authorizing the joining together as husband and wife Brit Howard and Brenda Johnson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John D. McIntyre hereby certify that on the 11 day of Dec, one thousand nine hundred and 82 at Clayton, Hendricks County, State of Ind, State of Indiana, Groom Brit Allen Howard of Hendricks County, State of Ind, and, Bride Brenda Lee 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 11 day of Dec, 1982.

Signed John D. McIntyre

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of Dec, 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. 631

File

12-6-82 Date of Application

MALE
Medical Examination Report Dated 11-29-82
Name of Physician Haggard

FEMALE
Medical Examination Report Dated 11-29-82
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 Timothy Middle E. Last Porter

Date of Birth: Month 8 Day 17 Year 1959

Place of Birth (State or foreign country) Indianapolis, IN

Residence Address: Street or R. R. 6609 S Clark's Creek Rd. City Indianapolis County Hendricks State IN

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clifford Eugene Porter
   Residence of father (if deceased so state) Indianapolis, IN
   Birthplace of father (State or foreign country) Indianapolis, IN
9. Full maiden name of mother Alta Lois Jackson
   Residence of mother (if deceased so state) Indianapolis, IN
   Birthplace of mother (State or foreign country) Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Timothy E. Porter
New Address 14 Gordon Drive Plainfield, IN
Subscribed and sworn to before me this 6 day of December, 1982.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Carolyn Middle J. Last Eggess

Date of Birth: Month July Day 5 Year 1950

Place of Birth (State or foreign country) Indianapolis, IN

Residence Address: Street or R. R. Box 248, Clayton City Hendricks County State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Driver's 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 Robert Allen Greenlee
   Residence of father (if deceased so state) Amo, IN
   Birthplace of father (State or foreign country) Indianapolis, IN
9. Full maiden name of mother Florence Maxine McKay
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indianapolis, IN

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carolyn J. Eggers
New Address 6
Subscribed and sworn to before me this ..... day of December, 1982
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Dec, 19 82, authorizing the joining together as husband and wife Timothy E. Porter and Carolyn J. Eggers

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, George W. Patterson hereby certify that on the 10 day of Dec one thousand nine hundred and 82 at Stilesville, County of Hendricks, State of Indiana, Groom Timothy E. Porter of Hendricks County, State of Ind and, Bride Carolyn J. Eggers 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 Dec, 19 82

Signed George W. Patterson
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of Dec, 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. 632

File

12-6-82 Date of Application

MALE
Medical Examination Report Dated 11-26-82
Name of Physician Yorks

FEMALE
Medical Examination Report Dated 11-29-82
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: First: David Middle: Eric Last: Roberson

Date of Birth: Month: July Day: 30 Year: 1954

Place of Birth (State or foreign country): Marion County

Residence Address: Street or R. R.: R.R. 1 Box 49E City: Pittsboro 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 A. Roberson, Jr.
   Residence of father (if deceased so state) Pittsboro
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Shirley Ann Stockenay
   Residence of mother (if deceased so state) Pittsboro
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David E Roberson

New Address RR1 Box 49E Pittsboro

Subscribed and sworn to before me this 6 day of Dec 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First: Janette Middle: Lynn Last: Clark

Date of Birth: Month: June Day: 1 Year: 1960

Place of Birth (State or foreign country): Marion County

Residence Address: Street or R. R.: 6636 Albron 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard C. Clark
   Residence of father (if deceased so state) Indpls.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia Ann Dickerson
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Janette L Clark

New Address RR1 Box 495 Pittsboro

Subscribed and sworn to before me this.....day of Dec 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior II Court by written order issued 3 Day Waivers and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 7 day of December, 19 82, authorizing the joining together as husband and wife David Eric Roberson and Janette Lynn Clark

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, J William Novak hereby certify that on the 11 day of Dec, one thousand nine hundred and 82 at Indianapolis, County of Marion, State of Ind, Groom David Eric Roberson of Hendricks County, State of Ind, and, Bride Janette Lynn Clark of Marion County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11 day of Dec, 19 82.

Signed J William Novak

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of Dec, 19 82.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 633

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

12-7-82 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 12-1-82
Name of Physician R.D. Floyd

FEMALE
Medical Examination Report Dated 12-1-82
Name of Physician R.D. Floyd

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle W. Last Griffith
Date of Birth: Month Oct Day 16 Year 1954
Place of Birth (State or foreign country) Indianapolis, In
Residence Address: Street or R. R. 363 Woodridge Dr. City Plainfield County In State

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) 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 Richard L. Griffith
   Residence of father (if deceased so state) Indianapolis, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nanella M. Bussell
   Residence of mother (if deceased so state) Indianapolis, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John Warren Griffith
New Address 7898 Eagle Valley Pass Indpls, IN
Subscribed and sworn to before me this 7 day of Dec, 19 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Beverly Middle J Last Boling
Date of Birth: Month Oct Day 12 Year 1954
Place of Birth (State or foreign country) Indianapolis, In
Residence Address: Street or R. R. 7898 Eagle Valley Pass City Indianapolis County In State

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers Lic w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dennis Nelson McConnack
   Residence of father (if deceased so state) Mooresville, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Tina B. Huff
   Residence of mother (if deceased so state) Mooresville, In
   Birthplace of mother (State or foreign country) Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Beverly J. Boling
New Address 7898 Eagle Valley Pass
Subscribed and sworn to before me this 7 day of Dec, 19 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14th day of Dec., 19 83, authorizing the joining together as husband and wife John W. Griffith and Beverly J. Boling

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Andrew P. Crowley hereby certify that on the 15 day of Jan one thousand nine hundred and 83 at Speedway, County of Marion, State of Indiana, Groom John W. Griffith of Marion County, State of Ind, and, Bride Beverly J. Boling of Marion County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 15 day of Jan, 19 83.

Signed Andrew P. Crowley
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of Jan, 19 83.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 634

File

12-8-82 Date of Application

MALE
Medical Examination Report Dated 12-2-82
Name of Physician Memmen

FEMALE
Medical Examination Report Dated 12-2-82
Name of Physician Sanders

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Alexander Middle L. Last Leondis

Date of Birth: Month 12 Day 25 Year 1956

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: 311 N. Wash. Street or R. R. Danville City Hend County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Military I. D.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 G. Leondis
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Chicago Ill.
9. Full maiden name of mother Mary Celeste Walker
   Residence of mother (if deceased so state) Danville Ind.
   Birthplace of mother (State or foreign country) Chicago Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Alexander C. Leondis

New Address Norfolk, VA

Subscribed and sworn to before me this 8 day of Dec., 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Sherrie Middle Ann Last Merritt

Date of Birth: Month 6 Day 8 Year 1961

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: 602 W. Main Street or R. R. Danville City Hend County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) .....

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Edward Merritt, Jr.
   Residence of father (if deceased so state) Mooresville Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Gregory
   Residence of mother (if deceased so state) Indpls Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Sherrie A. Merritt

New Address Norfolk, VA

Subscribed and sworn to before me this 8 day of Dec., 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Sup Ct Court by written order issued 3-day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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* 8th *day of* December, 19 82, *authorizing the joining together as husband and wife* Alexander Leondis *and* Sherrie Ann Merritt

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Francis B. Dooley *hereby certify that on the* 11th *day of* December, *one thousand nine hundred and* eithty-two *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Alexander C. Leondis *of* Hendricks *County, State of* Indiana, *and, Bride* Sherrie Ann Merritt *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 12th *day of* December, 19 83

Signed Francis B. Dooley

Official Designation Pastor St. Mary Church

Filed and recorded in accordance with the laws of the State of Indiana this 29th *day of* November, 19 83

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

No. 635

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File 12-8-82 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 10-28-82
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 10-28-82
Name of Physician Joseph C. Kerlin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle D. Last Schoenrock

Date of Birth: Month 11 Day 2 Year 1951

Place of Birth (State or foreign country) Augusta, Georgia

Residence Address: Street or R. R. R.R. #8, Box 372, City Indianapolis, County —, State In. 46234

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Theodore John Schoenrock
   Residence of father (if deceased so state) Coatsville, In.
   Birthplace of father (State or foreign country) Nebraska
9. Full maiden name of mother Shirley Ann Hummel
   Residence of mother (if deceased so state) Coatsville, In.
   Birthplace of mother (State or foreign country) Nebraska

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed James D Schoenrock
New Address RR 8 Box 372 Trailer #22 Indianapolis

Subscribed and sworn to before me this 8th day of December, 19 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Peggy Middle S. Last Nichols

Date of Birth: Month 6 Day 21 Year 1958

Place of Birth (State or foreign country) Lebanon, In.

Residence Address: Street or R. R. R.R. #8, Box 372, City Indianapolis, County —, State In. 46234

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 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.
   Douglas Lee Nichols

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Paul Douglas Lester, Sr.
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Molly Collins
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Peggy Sue Nichols
New Address RR 8 Box 372 Trailer #22 Indianapolis

Subscribed and sworn to before me this 8th day of December, 19 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 December, 19 82, authorizing the joining together as husband and wife .....

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ... hereby certify that on the ..... day of ....., one thousand nine hundred and ..... at ....., County of ....., State of Indiana, Groom ..... of ..... County, State of ....., and, Bride ..... of ..... County, State of ....., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this ..... day of ....., 19.....

Signed .....

Official Designation .....

Filed and recorded in accordance with the laws of the State of Indiana this ..... day of ....., 19.....

Signed ..... Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 636

File 12-8-82
Date of Application

MALE
Medical Examination Report Dated 12-6-82
Name of Physician Robert A. Heavin

FEMALE
Medical Examination Report Dated 12-4-82
Name of Physician R. Heavin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Brian Middle L. Last Wilson
Date of Birth: Month Oct Day 4 Year 1958
Place of Birth (State or foreign country) Greencastle, In
Residence Address: Street or R. R. RR#1 Box 56B City Stilesville, In County State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James T. Wilson
   Residence of father (if deceased so state) Stilesville, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carolyn Sue Terry
   Residence of mother (if deceased so state) Stilesville, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Brian L Wilson
New Address R# 1 BOX 56 B STILESVILLE, IN
Subscribed and sworn to before me this 8 day of Dec, 19 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Debra Middle L. Last Wogle
Date of Birth: Month June Day 4 Year 1962
Place of Birth (State or foreign country) Greencastle, In
Residence Address: Street or R. R. RR#1 Box 56B City Stilesville, In County State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ora Wogle, Jr
   Residence of father (if deceased so state) Clovrdale, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Wonda Sue Keller
   Residence of mother (if deceased so state) Coatesville, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Debra L Wogle
New Address ~~RR1 Box 20~~ RR1 Box 56B Stil. In
Subscribed and sworn to before me this 8 day of Dec, 19 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior I Court by written order issued 3 day of Nov and filed in John A. Newman authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 8 day of Dec, 19 82, authorizing the joining together as husband and wife Brian L Wilson and Debra L Wogle

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Frank Bunn hereby certify that on the 10 day of Dec, one thousand nine hundred and 82 at Coatesville, County of Hendricks, State of Indiana, Groom Brian L Wilson of Hendricks County, State of Ind, and, Bride Debra L Wogle of Hendricks County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 8 day of Dec, 19 82.

Signed Frank Bunn
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of Dec, 19 82.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 637

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

12-8-82 Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 12-1-82
Name of Physician Dr Follette

FEMALE
Medical Examination Report Dated 12-1-82
Name of Physician Dr Follette

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Mohammed Middle G Last ABU-ARAFA

Date of Birth: Month September Day 29 Year 1955

Place of Birth (State or foreign country) Saudi ARABia

Residence Address: Street or R. R. P.O. Box 1743 City Bloomington County Monroe State IN

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers Licens w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ghazi M. ABU-ARAFA
   Residence of father (if deceased so state) Saudi Arabia
   Birthplace of father (State or foreign country) Saudi Arabia
9. Full maiden name of mother Kria ADHAM
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Saudi Arabia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed [signature]

New Address P.O. Box 1743 Bloomington, IN

Subscribed and sworn to before me this 8 day of December, 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Anna Middle L. Last Buckholz

Date of Birth: Month June Day 8 Year 1959

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 15 Hilltop Drive City Danville County Hendricks State IN

Previous Marital Status: Never Married ☐ OR ~~☑~~

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers Licens w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Arthur N. Buckholz
   Residence of father (if deceased so state) Danville, IN
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Patsy J. Tindal
   Residence of mother (if deceased so state) Danville, IN
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Anna L Buckholz

New Address PO Box 1743 Bloomington IN 47402

Subscribed and sworn to before me this 8 day of December, 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 8 day of Dec, 1982, authorizing the joining together as husband and wife Mohammed Ghazi Abu-Arafa and Anna L Buckholz

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer hereby certify that on the 19 day of Dec one thousand nine hundred and 82 at Danville, County of Hendricks, State of Indiana, Groom Mohammed Ghazi Abu-Arafa of Monroe County, State of Ind and, Bride Anna L Buckholz 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 Dec, 1982.

Signed John C. Mowrer

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of Dec, 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. 638

File

12-10-82 Date of Application

MALE
Medical Examination Report Dated 11-26-82
Name of Physician Gormley

FEMALE
Medical Examination Report Dated 11-26-82
Name of Physician Gormley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Rodney Middle J. Last Bowles

Date of Birth: Month 3 Day 12 Year 1956

Place of Birth (State or foreign country) Marion Co. Ind.

Residence Address: Street or R. R. 5-345 S. Six Pts. Rd. City Indpls County Hend State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Rodney Timothy Bowles, Jr.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Herman Lee Bowles
   Residence of father (if deceased so state) Indpls Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Roxie Lee Lynn
   Residence of mother (if deceased so state) Indpls Ind.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Rodney J Bowles

New Address Same

Subscribed and sworn to before me this 10 day of Dec., 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Pamela Middle S. Last Hankins

Date of Birth: Month 7 Day 14 Year 57

Place of Birth (State or foreign country) Marion Co Ind

Residence Address: Street or R. R. 5345 S. Six Pts Rd City Indpls County Hend State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☑

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Roy Wright Hankins
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bertha Alice Evelyn Litton
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Pamela S. Hankins

New Address Same

Subscribed and sworn to before me this 10 day of Dec., 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 December, 1982, authorizing the joining together as husband and wife Rodney J Bowles and Pamela S Hankins

Be it further remembered the following marriage certificate was filed in my office, to-wit:

I, William L Fisher hereby certify that on the 18 day of Dec, one thousand nine hundred and 82 at Indianapolis, County of Marion, State of Ind, Groom Rodney J Bowles of Hendricks County, State of Ind, and, Bride Pamela S Hankins 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 Dec, 1982.

Signed William L Fisher

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of Dec, 1982.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 639

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File 12-9-82 Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 12-3-82
Name of Physician R. J. Morgan

FEMALE
Medical Examination Report Dated 12-3-82
Name of Physician R. J. Morgan

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle W. Last Davisson
Date of Birth: Month May Day 28 Year 1955
Place of Birth (State or foreign country) Indianapolis, In
Residence Address: Street or R. R. 5937 Westbury N. Dr. City Indianapolis County State In
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers Lic W/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lelond W. Davisson
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Cecil L. Reese
   Residence of mother (if deceased so state) Danville, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John W Davisson
New Address 5937 Westbury N. Dr. # A INDPLS. 46224

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Kaye Middle E. Last Costin
Date of Birth: Month Jan Day 7 Year 1960
Place of Birth (State or foreign country) Indianapolis, In
Residence Address: Street or R. R. 10 Wedding Ln. City Plainfield County State In
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers Lic W/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Thomas C. Costin
   Residence of father (if deceased so state) Plainfield, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bette Lee Cottey
   Residence of mother (if deceased so state) Plainfield, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kaye E Costin
New Address 5937 Westbury N. Drive INDPLS. 46224

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 17 day of Dec, 19 82, authorizing the joining together as husband and wife John W. Davisson and Kay E. Costin

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Dewey A. Thackston hereby certify that on the 18 day of Dec one thousand nine hundred and 82 at Plainfield, County of Hendricks State of Indiana, Groom John W. Davisson of Morgan County, State of Ind and, Bride Kay E. Costin 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 Dec, 19 82.

Signed Dewey A. Thackston
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of Dec, 19 82

Signed Mary Jane Bussell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 640

File

Dec 10, 1982
Date of Application

MALE
Medical Examination Report Dated 11-19-82
Name of Physician James V. Cortese

FEMALE
Medical Examination Report Dated 11-30-82
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 Robert Middle (NMI) Last Langefeld

Date of Birth: Month Oct Day 16 Year 1953

Place of Birth (State or foreign country) Columbus, Ohio

Residence Address: Street or R. R. 2125 S. Peck St. City Greenwood, County, State Indiana

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Sean Robert Langefeld
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be 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 Langefeld
   Residence of father (if deceased so state) Columbus, Ohio
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Ruth Hutchmaker
   Residence of mother (if deceased so state) Columbus, Ohio
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robt Langefeld

New Address 2125 S. Peck St Greenwood, In. 46142

Subscribed and sworn to before me this 10 day of Dec, 1982.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Karen Middle Sue Last Ellis

Date of Birth: Month Sept Day 26 Year 1960

Place of Birth (State or foreign country) Indianapolis

Residence Address: Street or R. R. 1718 Beech Circle City Plainfield, County, State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Thomas Eugene Ellis
   Residence of father (if deceased so state) Plainfield, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Wanda Jean Davis
   Residence of mother (if deceased so state) Plainfield, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Karen Sue Ellis

New Address ~~2125~~ 1 Peck St. Greenwood IN 46142

Subscribed and sworn to before me this 10 day of Dec, 1982.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14 day of Dec., 1982 authorizing the joining together as husband and wife Robert Langefeld and Karen Sue Ellis

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, William R. Clayton hereby certify that on the 29 day of Dec, one thousand nine hundred and 82 at Plainfield, County of Hendricks, State of Indiana, Groom Robert Langefeld of Johnson County, State of Ind. and, Bride Karen Sue Ellis of Hendricks County, State of Ind., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 29 day of Dec, 1982.

Signed William R. Clayton

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 4 day of Jan, 1983.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 641

File

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

12-10-82 Date of Application

MALE
Medical Examination Report Dated 12-1-82
Name of Physician Thomas O. Moore, M.D.

FEMALE
Medical Examination Report Dated 11-29-82
Name of Physician Gerald M. DeWester, 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 R. Last Plank
Date of Birth: Month 11 Day 9 Year 1931
Place of Birth (State or foreign country) Coudersport, Pa.
Residence Address: Street or R. R. 11460 Polston Ave, City Carmel, County Hn. State 46032
Previous Marital 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. Shane Patrick Plank
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Forrest Ray Plank
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Pennsylvania
9. Full maiden name of mother Thelma Mae Allen
   Residence of mother (if deceased so state) Perry, Georgia
   Birthplace of mother (State or foreign country) Pennsylvania

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

X Signed James R. Plank
New Address 555 S. Center St. Plainfield, In 46168
Subscribed and sworn to before me this 10th day of December, 1982.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Ellen Middle Jane Last Record
Date of Birth: Month 8 Day 1 Year 1950
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R. R. 555 S. Center St, City Plainfield, County Hn. State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Thomas Arthur Record
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Alice Jay
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

X Signed Ellen Jane Record
New Address 555 S. Center St. Plainfield In 46168
Subscribed and sworn to before me this 10th day of December, 1982
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 15 day of Dec, 1982, authorizing the joining together as husband and wife James R. Plank and Ellen Jane Record

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Elizabeth C. Carter hereby certify that on the 18 day of Dec one thousand nine hundred and 82 at Valley Mills, County of Macon State of Indiana, Groom James R. Plank of Hamilton County, State of Ind and, Bride Ellen Jane Record 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 Dec, 1982.

Signed Elizabeth C. Carter
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of Dec, 1982.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-5-2 Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 642

File

12-13-82 Date of Application

MALE
Medical Examination Report Dated 12-8-82
Name of Physician Vieira

FEMALE
Medical Examination Report Dated 12-10-82
Name of Physician Vieira

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-5-6 prescribed "False statement—Whoever prevents the issuance of a license to report to any false statement, representation or promise shall be fined in any sum not exceeding five hundred dollars ($500.00)"

MALE APPLICANT

Name: First Jon Middle Strauss Last Alexander Jr.

Date of Birth: Month 8 Day 31 Year 1960

Place of Birth (State or Foreign country) Indpls Ind.

Residence Address: Street or R. R. P.O. Box 93 City Coatesville County Hend. State Ind.

Previous Marital Status: Never Married ☐ or

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jon Strauss Alexander Sr.
   Residence of father (if deceased so state) Clayton, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Gloria Kaye Elmore
   Residence of mother (if deceased so state) Clayton Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jon S Alexander Jr

New Address BOX 184 Amo IN.

Subscribed and sworn to before me this 13 day of December 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ..... 19....

..... Clerk

FEMALE APPLICANT

Name: First Cheryle Middle Lynn Last Hubbard

Date of Birth: Month 9 Day 19 Year 1960

Place of Birth (State or Foreign country) Greencastle Ind.

Residence Address: Street or R.R. Box 224 City Stilesville County Hend. State Ind.

Previous Marital Status: Never Married ☑ or

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald Gene Hubbard
   Residence of father (if deceased so state) Stilesville Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Janice Lee Plummer
   Residence of mother (if deceased so state) Stilesville Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Cheryle Lynn Hubbard

New Address Box 84 Spx, Ind.

Subscribed and sworn to before me this 13 day of December 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ..... 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 December 1982, authorizing the joining together as husband and wife Jon S Alexander Jr. and Cheryle L Hubbard

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, George W. Patterson hereby certify that on the 23 day of Dec one thousand nine hundred and 82 at Stilesville County of Hendricks State of Indiana, Groom Jon S Alexander Jr of Hendricks County, State of Ind and, Bride Cheryle L Hubbard 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 Dec 1982

Signed George W. Patterson

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of Dec 1982

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-5-2 Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 642

File 12-13-82 Date of Application

MALE
Medical Examination Report Dated 12-8-82
Name of Physician Vieira

FEMALE
Medical Examination Report Dated 12-10-82
Name of Physician Vieira

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-5-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or proxy shall be fined in any sum not exceeding five hundred dollars ($500.00)."

MALE APPLICANT

Name: First Jon Middle S Last Strawn Alexander Jr.
Date of Birth: Month 8 Day 31 Year 1960
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R. R. P.O. Box 93 City Coatesville County Hend. State Ind.
Previous Marital Status: Never Married ☐ or ~~Married~~
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: Birth Certificate ☑ Judicial Decree ☐
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are
6. Last

FEMALE APPLICANT

Name: First Cheryle Middle Lynn Last Hubbard
Date of Birth: Month 9 Day 19 Year 1965
Place of Birth (State or foreign country) Greencastle Ind.
Residence Address: Street or R. R. Box 221 City Stilesville County Hend. State Ind.
Previous Marital Status: Never Married ☑ or ~~Married~~
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: Birth Certificate ☑ Judicial Decree ☐
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐

Date 12-6-82

We Donald Gene Hubbard and Janice Lea Hubbard, parents of

Cheryle Lynn Hubbard, age 17 (Born 9-19-65) give our permission to get married, to Jon S. Alexander.Jr.

Signed Janice Lea Hubbard
Janice Lea Hubbard

SIGNED Donald Gene Hubbard
Donald Gene Hubbard

HENDRICKS CO.
INDIANA

Signed this 6th Day of December 1982

David L. Edmondson Notary Public
David L. Edmondson

Comm Exp. 1-26-86

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ..... 19....
..... Clerk

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ..... 19....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana, dated the 6th day of December, 1982, authorizing the joining together as husband and wife Jon S Alexander Jr and Cheryle L Hubbard

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, George W. Patterson hereby certify that on the 23 day of Dec, one thousand nine hundred and 82 at Stilesville, County of Hendricks, State of Ind, Groom Jon S Alexander Jr of Hendricks County, State of Ind, and, Bride Cheryle L Hubbard 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 Dec, 1982.

Signed George W. Patterson
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of Dec, 1982.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-5-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 643

File

12-14-82
Date of Application

MALE
Medical Examination Report Dated 12-10-82
Name of Physician C. Johnston

FEMALE
Medical Examination Report Dated 12-13-82
Name of Physician P. Schaak

ALL QUESTIONS MUST BE ANSWERED I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 K. Last Dunham
Date of Birth: Month Sept Day 28 Year 1948
Place of Birth (State or foreign country) Frankfort In
Residence Address: Street or R.R. 9 Mark Manor City Danville County, In State

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☑
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify): Drivers 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 Hubert L. Dunham
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Marjorie A. Silence
   Residence of mother (if deceased so state) Frankfort, In
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Paul K. Dunham
New Address #9 MARK MANOR Danville, IN

Subscribed and sworn to before me this 14 day of Dec, 1982
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Deborah Middle K. Last Corum
Date of Birth: Month May Day 22 Year 57
Place of Birth (State or foreign country) Indianapolis, In
Residence Address: Street or R.R. RR#3 Box 37 City Danville County, In State

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Willis L. Corum
   Residence of father (if deceased so state) Indianapolis, In
   Birthplace of father (State or foreign country) Tenn.
9. Full maiden name of mother Zella M. Weaver
   Residence of mother (if deceased so state) Danville, In
   Birthplace of mother (State or foreign country) Tenn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Deborah K. Corum
New Address 9 Mark Manor Danville, Ind

Subscribed and sworn to before me this 14 day of Dec, 1982
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana, dated the 18 day of Dec, 1982, authorizing the joining together as husband and wife Earl K Dunham and Deborah K. Corum

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Larry W. Lynch hereby certify that on the 18 day of Dec one thousand nine hundred and 82 at Brownsburg, County of Hendricks, State of Indiana, Groom Earl K. Dunham of Hendricks County, State of Ind and, Bride Deborah K. Corum 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 Dec, 1983.

Signed Larry W. Lynch
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of Jan, 1983

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 644

File

12-19-82 Date of Application

MALE
Medical Examination Report Dated 12-9-82
Name of Physician Harris

FEMALE
Medical Examination Report Dated 12-9-82
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: First Deryl Middle M. Last Hasdwick

Date of Birth: Month ~~January~~ November Day 19 Year 1938

Place of Birth (State or foreign country) InDiana

Residence Address: Street or R. R. RR6 Box 210B City Danville County Hendricks State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Emanuel Hasdwick
   Residence of father (if deceased so state) RR1 Springville, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Kathleen King
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Deryl M. Hardwick

New Address RR 4 #105, Danville, Ind. 46122

Subscribed and sworn to before me this 14 day of December, 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Janice Middle K. Last Franklin

Date of Birth: Month November Day 19 Year 1939

Place of Birth (State or foreign country) InDiana

Residence Address: Street or R. R. RR6 Box 210B City Danville County Hendricks State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☑

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles N. Robertson
   Residence of father (if deceased so state) RR6 Box 209 Danville, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lillian B. Cunningham
   Residence of mother (if deceased so state) RR6 Box 209 Danville, IN
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Janice K. Franklin

New Address RR6 Box 210B Danville In

Subscribed and sworn to before me this 14 day of December 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 December, 19 82, authorizing the joining together as husband and wife Deryl M. Hardwick and Janice K. Franklin

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Franklin D. Rose hereby certify that on the 25 day of Dec, one thousand nine hundred and 82 at Greencastle, County of Putnam, State of Indiana, Groom Deryl M. Hardwick of Carroll County, State of Ind, and, Bride Janice K. Franklin 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 Dec, 19 82.

Signed Franklin D. Rose

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of Dec, 19 82.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 645

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

12-14-82 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 12-10-82
Name of Physician George Keenan

FEMALE
Medical Examination Report Dated 12-10-82
Name of Physician George Keenan

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Roger Middle D. Last Robinette

Date of Birth: Month May Day 11 Year 1961

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 812 Broken Bow Tr. City Indpls. County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Louise

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Danner D. Robinette
   Residence of father (if deceased so state) Clayton. In.
   Birthplace of father (State or foreign country) Va.
9. Full maiden name of mother Patricia Holderfield
   Residence of mother (if deceased so state) Clayton, In.
   Birthplace of mother (State or foreign country) Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rodger Robinette

New Address 812 Broken Bow tr. Apt 716 Indpls.

Subscribed and sworn to before me this 14 day of Dec, 19 82.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Louise Middle Annise Last Smith

Date of Birth: Month Feb. Day 7 Year 1962

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 1 Box 146 City Clayton County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James C. Smith
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) In
9. Full maiden name of mother Juanita Miller
   Residence of mother (if deceased so state) Clayton, In.
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Louise Smith

New Address 812 Broken Bow Tr. Indpls

Subscribed and sworn to before me this 14 day of Dec, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 3 day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14 day of Dec., 19 82, authorizing the joining together as husband and wife Roger D. Robinette and Louise Annise Smith

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Hubert Green hereby certify that on the 17 day of Dec, one thousand nine hundred and 82 at Coxlesburg, County of Hendricks, State of Indiana, Groom Roger D. Robinette of Hendricks County, State of Ind, and, Bride Louise Annise 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 17 day of Dec, 19 82.

Signed Hubert Green

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of Dec, 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. 646

File 12-14-82
Date of Application

MALE
Medical Examination Report Dated 12-14-82
Name of Physician Neeley

FEMALE
Medical Examination Report Dated 12-14-82
Name of Physician Neeley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Monty Middle E. Last Shear

Date of Birth: Month 2 Day 13 Year 1953

Place of Birth (State or foreign country) Terre Haute Ind.

Residence Address: Street or R. R. 3402 German Rd City West Indpls County Marion State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lloyd Edwin Shear
   Residence of father (if deceased so state) Sullivan Ind.
   Birthplace of father (State or foreign country) Rockville Ind.
9. Full maiden name of mother Irene Imogene Main
   Residence of mother (if deceased so state) Sullivan, Ind.
   Birthplace of mother (State or foreign country) Brazil Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Monty E Shear
New Address 3402 Glen Arm Rd West Dr.
Subscribed and sworn to before me this 14 day of Dec 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

FEMALE APPLICANT

Name: First Martha Middle Anne Last Merritt

Date of Birth: Month 4 Day 13 Year 1960

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: Street or R. R. 11 Hilltop Dr. City Danville County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Samantha Sue Merritt

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Colfax Mowrer
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Indpls Ind.
9. Full maiden name of mother Leota G. Cassity
   Residence of mother (if deceased so state) Danville Ind.
   Birthplace of mother (State or foreign country) Indpls Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Martha M Merritt Judy In
New Address 3402 Glen Arm West Drive
Subscribed and sworn to before me this 14 day of Dec 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23rd day of December, 19 82, authorizing the joining together as husband and wife Monte E. Shear and Martha A. Merritt

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C Mowrer hereby certify that on the 24 day of Dec one thousand nine hundred and 82 at Danville, County of Hendricks, State of Indiana, Groom, Monte E Shear of Marion County, State of Ind and, Bride Martha A Merritt 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 Dec, 1982.

Signed John C Mowrer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of Dec, 1982.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 647

File

12-14-82 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 12-10-82
Name of Physician Phillips

FEMALE
Medical Examination Report Dated 12-10-82
Name of Physician Phillips

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Rollie Middle L. Last Strohm

Date of Birth: Month 8 Day 20 Year 1947

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: Street or R. R. RR 3 Box 302A City Danville County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Misti Lynn Strohm
   Lori C. Strohm
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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 Lawrence Strohm
   Residence of father (if deceased so state) Zionsville Ind.
   Birthplace of father (State or foreign country) Pennsylvania
9. Full maiden name of mother Mary Lucille Turner
   Residence of mother (if deceased so state) Zionsville Ind.
   Birthplace of mother (State or foreign country) Pennsylvania

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Rollie L. Strohm

New Address Same as above

Subscribed and sworn to before me this 14 day of Dec., 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Vicki Middle V. Last Fritch Arney

Date of Birth: Month 5 Day 18 Year 1955

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: Street or R. R. RR 3 Box 302A City Danville County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Christopher Todd Arney
   Bryan Scott Arney
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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 Louis Fritch
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lois Jeanne Willis
   Residence of mother (if deceased so state) Martinsville Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Vicki V. Arney

New Address Same as above

Subscribed and sworn to before me this 14 day of Dec, 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 December, 19 82 authorizing the joining together as husband and wife Rollie L Strohm and Vicki V Arney

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mourer hereby certify that on the 1 day of Jan one thousand nine hundred and 83 at Danville, County of Hendricks State of Indiana, Groom Rollie L Strohm of Hendricks County, State of Ind and, Bride Vicki V Arney 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 Jan, 19 83.

Signed John C. Mourer

Official Designation Judge, 19 83

Filed and recorded in accordance with the laws of the State of Indiana this 1 day of Jan, 19 83.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 648

File

12-15-82 Date of Application

MALE
Medical Examination Report Dated 12-3-82
Name of Physician Duncan

FEMALE
Medical Examination Report Dated 12-3-82
Name of Physician Duncan

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle Anthony Last Butcher

Date of Birth: Month 1 Day 3 Year 1963

Place of Birth (State or foreign country) Morgan Co. Ind.

Residence Address: Street or R.R. RR 6 Box 77 City Danville County Hend State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Butcher
   Residence of father (if deceased so state) Unknown
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Esther Darlene Johnson
   Residence of mother (if deceased so state) Leyton Ind.
   Birthplace of mother (State or foreign country) Marion Co Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James A Butcher

New Address SAME

Subscribed and sworn to before me this 15 day of Dec., 1983

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Melissa Middle Kay Last Wethington

Date of Birth: Month 1 Day 23 Year 1966

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: Street or R. R. R6 Box 77 City Danville County Hend State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clifford E. Wethington
   Residence of father (if deceased so state) Advance Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sandra K. Ward
   Residence of mother (if deceased so state) Danville Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Melissa Kay Wethington

New Address Same

Subscribed and sworn to before me this 15 day of Dec., 1983

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed Sandra Kay Fair Mother

Subscribed and sworn to before me this 15 day of December, 1983

Mary Jane Russell Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Sup # 2 Court by written order issued 3-day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 15 *day of* Dec, 19 83, *authorizing the joining together as husband and wife* James A. Butcher *and* Melissa K. Wethington

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Chris C. Wynn hereby certify that on the 18 day of Dec, one thousand nine hundred and 83 at Danville, County of Hendricks, State of Indiana, Groom James A. Butcher of Hendricks County, State of Ind, and, Bride Melissa K. Wethington 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 Dec, 19 83.

Signed Chris C. Wynn

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of Jan, 19 83

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 648

File

12-15-82 Date of Application

MALE
Medical Examination Report Dated 12-3-82
Name of Physician Duncan

FEMALE
Medical Examination Report Dated 12-3-82
Name of Physician Duncan

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle Anthony Last Butcher

Date of Birth: Month 1 Day 3 Year 1963

Place of Birth (State or foreign country) Morgan Co. Ind.

Residence Address: Street or R. R. RR 6 Box 77 City Danville County Hend State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clifford E. Wethington
   Residence of father (if deceased so state) Advance Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sandra K. Ward
   Residence of mother (if deceased so state) Danville Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Melissa Kay Wethington

New Address same

Subscribed and sworn to before me this 15 day of Dec., 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Melissa Middle Kay Last Wethington

Date of Birth: Month 1 Day 23 Year 1964

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: Street or R. R. Rt 6 Box 77 City Danville County Hend State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clifford E. Wethington
   Residence of father (if deceased so state) Advance Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sandra K. Ward
   Residence of mother (if deceased so state) Danville Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Melissa Kay Wethington

New Address same

Subscribed and sworn to before me this 15 day of Dec., 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed Sandra Kay Ward Mother

Subscribed and sworn to before me this 15 day of December, 19 82

Mary Jane Russell Clerk

FROM THE DESK OF

WILLIAM A. DUNCAN, M.D., A.C.O.G.
204 MEADOW DRIVE
DANVILLE, INDIANA 46122

TELEPHONE 745-6476

12-14-82

TO WHOM IT MAY CONCERN:

Re: Melissa Wethington

Melissa Wethington is pregnant and due to deliver around 5-5-83

William A. Duncan, M.D., Inc.
William A Duncan M.D., INC.

WAD/gj

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Sup. Ct. 2 Court by written order issued 3-day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 15 day of Dec, 19 83, authorizing the joining together as husband and wife James A. Butcher and Melissa K. Wethington

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Chris C. Wynn hereby certify that on the 18 day of Dec, one thousand nine hundred and 83 at Danville, County of Hendricks, State of Indiana, Groom James A. Butcher of Hendricks County, State of Ind, and, Bride Melissa K. Wethington 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 Dec, 19 83.

Signed Chris C. Wynn

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of Jan, 19 83

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 649

File

12-14-82
Date of Application

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 12-10-82
Name of Physician Michael Curtis Kilpatrick

FEMALE
Medical Examination Report Dated 12-10-82
Name of Physician Michael Curtis Kilpatrick

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Phillip, Last Brumley

Date of Birth: Month 2, Day 12, Year 58

Place of Birth (State or foreign country) Indianapolis

Residence Address: Street or R. R. RR3 Bx144, City Brownsburg, County, State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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.
   April Rene Henson
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Phillip Raymond Brumley
   Residence of father (if deceased so state) Brownsburg, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother June B. Henderson
   Residence of mother (if deceased so state) Brownsburg, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David Phillip Brumley
New Address 10037 Osceola DR INDPLS IN
Subscribed and sworn to before me this 15/14 day of Dec, 19 82.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Jane, Middle Ellen, Last Henson

Date of Birth: Month July, Day 26, Year 1958

Place of Birth (State or foreign country) Indianapolis

Residence Address: Street or R. R. 46 E. Tilden, City Brownsburg, County, State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) School Record

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Laura Jean Henson
   Robert Matthew Henson
   April Rene Henson
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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 Thomas McClamon
   Residence of father (if deceased so state) Brownsburg, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Loretta Elizabeth Dickson
   Residence of mother (if deceased so state) Brownsburg, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Jane Ellen Henson
New Address 10037 Osceola Dr. Indpls Ind
Subscribed and sworn to before me this 15/14 day of Dec, 19 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14 day of Dec, 1982, authorizing the joining together as husband and wife David Phillip Brumley and Jane Ellen Henson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Larry L. Bellville hereby certify that on the 18 day of Dec one thousand nine hundred and 82 at Brownsburg, County of Hendricks State of Indiana, Groom David Phillip Brumley of Hendricks County, State of Ind and, Bride Jane Ellen Henson 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 Dec, 1982.

Signed Larry L. Bellville
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of Dec, 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. 650

File 12-16-82 Date of Application

MALE
Medical Examination Report Dated 12-3-82
Name of Physician M. Jackson

FEMALE
Medical Examination Report Dated
Name of Physician

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Daniel Middle L. Last Heiser

Date of Birth: Month May Day 1 Year 1959

Place of Birth (State or foreign country) Marion Ind.

Residence Address: Street or R. R. 1200 N. 19th City Elwood County Madison State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Lee Heiser
   Residence of father (if deceased so state) Elwood, In
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Carol June Sturgeon
   Residence of mother (if deceased so state) Elwood, In
   Birthplace of mother (State or foreign country) Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Daniel L Heiser

New Address 216 W. TILDEN BRAWNSBURG

Subscribed and sworn to before me this 16 day of Dec, 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Sharon Middle K. Last Martz

Date of Birth: Month March Day 18 Year 1959

Place of Birth (State or foreign country) Hendricks Co. Indiana

Residence Address: Street or R. R. 216 W. Tilden Rd. City Brownsburg County In State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Passport

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Bill L. Marty
   Residence of father (if deceased so state) Brownsburg, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Elizabeth Holder
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) S. C.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sharon K. Marty

New Address 216 W. Tilden Brownsburg, In.

Subscribed and sworn to before me this 16 day of Dec, 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS 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 20 day of December, 1982 authorizing the joining together as husband and wife Daniel L. Heiser and Sharon K. Martz

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I George H. Hoog hereby certify that on the 28 day of Dec, one thousand nine hundred and 82 at Speedway, County of Marion, State of Indiana, Groom Daniel L. Heiser of Hendricks County, State of Ind, and Bride Sharon K. Martz 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 Dec, 1982.

Signed George H. Hoog

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of Dec, 1982.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 651

File

12-17-82
Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 12.3.82

Name of Physician Haegard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Steven Middle Lee Last Livingston

Date of Birth: Month 10 Day 25 Year 61

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 864 Harding City Plainfield County Hendricks State IN

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Voters Registration

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☑
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 lee Livingston
   Residence of father (if deceased so state) Plainfield, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lila Littlejohn
   Residence of mother (if deceased so state) Plainfield, IN
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Steve Livingston

New Address

Subscribed and sworn to before me this 17 day of December, 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Brenda Middle L. Last Hancock

Date of Birth: Month 9 Day 24 Year 62

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 627 Redbud Lane City Plainfield County Hendricks State IN

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Voter's Registration

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Austin Stewart Hancock
   Residence of father (if deceased so state) Carmel, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Jane Shrake
   Residence of mother (if deceased so state) Plainfield, IN
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Brenda L Hancock

New Address 2440 Guerrero Dr. Apt 607 Carmel

Subscribed and sworn to before me this 17 day of December, 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24 day of Dec, 1982, authorizing the joining together as husband and wife Steven Lee Livingston and Brenda L Hancock

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, William R. Clayton hereby certify that on the 26 day of Dec one thousand nine hundred and 82 at Plainfield, County of Hendricks State of Indiana, Groom Steven Lee Livingston of Hendricks County, State of Ind and, Bride Brenda L Hancock of Hendricks County, State of Ind were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 26 day of Dec, 1982.

Signed William R. Clayton

Official Designation Poster

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of Dec, 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. 652

File

12-17-82
Date of Application

MALE
Medical Examination Report Dated 11-30-82
Name of Physician Richard R. Danner

FEMALE
Medical Examination Report Dated 11-30-82
Name of Physician Richard R. Danner

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Matthew Middle Stuart Last Cochrane

Date of Birth: Month 6 Day 7 Year 1958

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. Box 319, R.R. #2 City Danville, In. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License w/ Pic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Nelson Eugene Cochrane
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Karen Sue Harrison
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Matthew S Cochrane
New Address Box 319 RR 2 Danville Ind

Subscribed and sworn to before me this 17th day of December, 1982
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of.....19.....

.....Clerk

FEMALE APPLICANT

Name: First Diana Middle Elaine Last Meyers

Date of Birth: Month 5 Day 17 Year 1962

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. P.O. Box 295, City Danville, In. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Kenneth Meyers
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indianapolis, In
9. Full maiden name of mother Noreatha Jean Creakbaum
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Grand Rapids, Michigan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Diana Meyers
New Address PO Box 295, Danville

Subscribed and sworn to before me this 17th day of December, 1982
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of.....19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 December, 1982, authorizing the joining together as husband and wife Matthew Stuart Cochrane and Diana Elaine Meyers

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ernest L. Wilkerson hereby certify that on the 2 day of Jan, one thousand nine hundred and 83 at New Union Church, County of Owen, State of Indiana, Groom Matthew Stuart Cochrane of Hendricks County, State of Ind and, Bride Diana Elaine Meyers 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 Dec, 1982.

Signed Ernest L. Wilkerson
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of Jan, 1983.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

172

No. 653

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

12-17-82 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 11-30-82
Name of Physician J. Cohen

FEMALE
Medical Examination Report Dated 11-30-82
Name of Physician J. Cohen

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ray Middle L. Last Wathins

Date of Birth: Month April Day 8 Year 1938

Place of Birth (State or foreign country): Hudson Ky

Residence Address: Street or R. R. 11207 W. Bradford Rd. City Indianapolis County In State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers Lic w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children. James Wathins 10
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Robert Wathins
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Mary Grimes
   Residence of mother (if deceased so state) Owenboro, Ky
   Birthplace of mother (State or foreign country) Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ray L Watkins
New Address 11204 W. Bradford, Indpls
Subscribed and sworn to before me this 17 day of Dec, 1982
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

FEMALE APPLICANT

Name: First Barbara Middle C. Last Huddleston

Date of Birth: Month Jan Day 9 Year 1941

Place of Birth (State or foreign country): Indianapolis In

Residence Address: Street or R. R. 11207 W. Bradford Rd. City Indianapolis County In State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers Lic w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children. Scott David Huddleston II
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Cecil F. Gray
   Residence of father (if deceased so state) Indianapolis, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sarah L. Parnell
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Barbara C. Huddleston
New Address 11207 W. Bradford, Indpls.
Subscribed and sworn to before me this 17 day of Dec, 1982
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 20 day of Dec., 1982, authorizing the joining together as husband and wife Ray L Wathins and Barbara C. Huddleston.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Michael G. Frith hereby certify that on the 8 day of Jan one thousand nine hundred and 83 at Indianapolis, County of Marion, State of Indiana, Groom, Ray L Wathins of Hendricks County, State of Ind, and, Bride Barbara C. Huddleston of Hendricks County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 8 day of Jan, 1983.

Signed Michael G. Frith
Official Designation Doctor, 19 83.

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of Jan, 1983.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 454

File

12-20-82 Date of Application

MALE
Medical Examination Report Dated 12-14-82
Name of Physician Stegemoller

FEMALE
Medical Examination Report Dated 12-14-82
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 Roy Middle A. Last Seacrist

Date of Birth: Month March Day 3 Year 1958

Place of Birth (State or foreign country) West Virginia

Residence Address: Street or R. R. 607 S. Norfolk City Indianapolis County Marion State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers Licens w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Roy F. Seacrist
   Residence of father (if deceased so state) West Virginia
   Birthplace of father (State or foreign country) West Virginia
9. Full maiden name of mother Betty J. Pitt
   Residence of mother (if deceased so state) Indianapolis, IN
   Birthplace of mother (State or foreign country) West Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Roy Seacrist

New Address RR 2 Box 18 M Danville

Subscribed and sworn to before me this 20 day of December 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Cynthia Middle R. Last Seacrist

Date of Birth: Month September Day 1 Year 1961

Place of Birth (State or foreign country) California

Residence Address: Street or R. R. RR 2 Box 18M City Danville County Hendricks State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License w/pictuse

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 O. LanDrum
   Residence of father (if deceased so state) 314 Lincoln Danville, IN
   Birthplace of father (State or foreign country) Askansas
9. Full maiden name of mother Roselena Copley
   Residence of mother (if deceased so state) Louisiana
   Birthplace of mother (State or foreign country) West Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Cynthia R. Seacrist

New Address R.R. 2 Box 18 M Danville

Subscribed and sworn to before me this 20 day of December 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23 day of Dec, 19 82, authorizing the joining together as husband and wife Roy A. Seacrist and Cynthia R. Seacrist

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jerry G. Vordue hereby certify that on the 24 day of Dec, one thousand nine hundred and 82 at Danville, County of Hendricks, State of Indiana, Groom Roy A. Seacrist of Marion County, State of Ind, and, Bride Cynthia R. Seacrist 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 Dec, 19 82.

Signed Jerry G. Vordue

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of Dec, 19 82.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 655

File

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

12-21-82 Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 12-4-82
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 12-16-82
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: First Jack Middle E. Last Schrader

Date of Birth: Month 2 Day 1 Year 1949

Place of Birth (State or foreign country) Dayton Ohio

Residence Address: Street or R. R. 133 Twin Bridge Rd., City Danville County State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers 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.
   Kelly Jean Schrader
   Brent Michael Schrader
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clarence Fredrick Schrader
   Residence of father (if deceased so state) Orlando, FA
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Leona Pearl Wise
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jack E. Schrader
New Address 133 Twin Bridge Rd. Ind.,
Subscribed and sworn to before me this 21 day of Dec., 19 82.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Gayla Middle R. Last Hall

Date of Birth: Month 12 Day 31 Year 57

Place of Birth (State or foreign country) Crossville, Tennessee

Residence Address: Street or R. R. 133 Twin Bridge Rd, City Danville County State Ind

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers 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 Jesse Leaman Hall
   Residence of father (if deceased so state) West Carrollton, Ohio
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Betty Jo Helton
   Residence of mother (if deceased so state) West Carrollton, Ohio
   Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gayla R Hall
New Address 133 Twin Bridges Rd
Subscribed and sworn to before me this 21 day of Dec 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Ct 2 Court by written order issued 3 day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21st day of Dec., 1982, authorizing the joining together as husband and wife Jack E. Schrader and Gayla R. Hall

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Mary Jane Russell hereby certify that on the 22 day of Dec, one thousand nine hundred and 82 at Danville, County of Hendricks, State of Indiana, Groom Jack E. Schrader of Hendricks County, State of Ind, and, Bride Gayla R. Hall 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 Dec, 19 82.

Signed Mary Jane Russell
Official Designation Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of Dec, 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. 656

File

12-22-82 Date of Application

MALE
Medical Examination Report Dated 12-14-82
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 12-14-82
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 John Middle R. Last Barrett

Date of Birth: Month 11 Day 11 Year 1943

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 510 North Union, Apt. #25 City Westfield County Hn. State 46074

Previous Marital 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 Barrett
   Anthony Barrett
   Shannon Barrett
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Rene Barrett
   Residence of father (if deceased so state) Carmel, In.
   Birthplace of father (State or foreign country) Indianapolis, In.
9. Full maiden name of mother Marjorie Siefert
   Residence of mother (if deceased so state) Carmel, In.
   Birthplace of mother (State or foreign country) Indianapolis, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed John R Barrett

New Address 1011 Walton Dr Plainfield In 46168

Subscribed and sworn to before me this 22nd day of December, 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Janice Middle R. Last Thatcher

Date of Birth: Month 11 Day 17 Year 1943

Place of Birth (State or foreign country) Duncastle, In.

Residence Address: Street or R. R. 1011 Walton Dr., City Plainfield County Hn. State 46168

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Thatcher
   James Thatcher
   Joel Thatcher, Jason Thatcher
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Cleveland Pendleton Hickman
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Salem, W. Virginia
9. Full maiden name of mother Frances Catherine Miller
   Residence of mother (if deceased so state) Indiana, Duncastle
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Janice R Thatcher

New Address 1011 walton Plainfield, In 46168

Subscribed and sworn to before me this 22nd day of December, 1982

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 29 day of Dec., 19 82, authorizing the joining together as husband and wife John R. Barrett and Janice R Thatcher

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Kenneth B Wellliver hereby certify that on the 31 day of Dec, one thousand nine hundred and 83 at Duncastle, County of Putnam, State of Indiana, Groom John R. Barrett of Hamilton County, State of Ind, and, Bride Janice R. Thatcher 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 Dec, 19 83.

Signed Kenneth B. Wellliver

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of Jan, 19 83.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 657

File

12-22-82
Date of Application

MALE
Medical Examination Report Dated 12-17-82
Name of Physician Kenneth L. Gray M.D.

FEMALE
Medical Examination Report Dated 12-10-82
Name of Physician Kenneth L. Gray 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 William Middle Mitchell Last Humphress
Date of Birth: Month 9 Day 10 Year 1960
Place of Birth (State or foreign country) Cantellsville, Kentucky
Residence Address: Street or R. R. 402 N. Indiana St. City Danville County In. State 46122
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Lowell Humphress
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Clara Martha Haskins
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Wm M Humphress
New Address Ridgewood, NJ

Subscribed and sworn to before me this 22nd day of December, 1982.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Sara Middle Joye Last Stewart
Date of Birth: Month 11 Day 4 Year 1959
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address: Street or R. R. 252 S. Indiana, City Danville, County In. State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Earl Stewart
   Residence of father (if deceased so state) Danville, Indiana
   Birthplace of father (State or foreign country) Crawfordsville Ind
9. Full maiden name of mother Janice Faye Conner
   Residence of mother (if deceased so state) Tripoli In.
   Birthplace of mother (State or foreign country) Tripoli In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sara J. Stewart
New Address

Subscribed and sworn to before me this 24 day of Dec, 82.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior #2 Court by written order issued 3 days waiver and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24 day of Dec, 1982, authorizing the joining together as husband and wife William Mitchell Humphress and Sara Joye Stewart
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Joseph D. Stump hereby certify that on the 26 day of Dec one thousand nine hundred and 82
State of Indiana, Groom William Mitchell Humphress at Danville, County of Hendricks
and, Bride Sara Joye Stewart 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 26 day of Dec, 1982.

Signed Joseph D Stump
Official Designation Postor

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of Jan, 19 83.
Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 65B

File 12-22-82
Date of Application

MALE
Medical Examination Report Dated 12-22-82
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 12-22-82
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 Robert Middle Joseph Last Collins

Date of Birth: Month January Day 11 Year 1945

Place of Birth (State or foreign country) Muncie, Ind.

Residence Address: Street or R. R. 1310 S. Raceway Rd. City Indpls. County Hendricks State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☒

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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.
   Robert Joseph Collins Jr.
   Annette Celsen Collins
   Martha Ellen Collins
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Thadius Clay Collins
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Ester Smith
   Residence of mother (if deceased so state) Indianapolis, Ind.
   Birthplace of mother (State or foreign country) Florida

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Robert Collins
New Address 1310 S Raceway Rd.

Subscribed and sworn to before me this 22 day of Dec, 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Alice Middle June Last Weant

Date of Birth: Month March Day 4 Year 1948

Place of Birth (State or foreign country) Franklin Indiana

Residence Address: Street or R. R. 1310 S. Raceway Rd. City Indpls. County Hendricks State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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.
   Paula Lynn Weant
   John Allen Weant
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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 Cleady Westerfield
   Residence of father (if deceased so state) Fillmore, Ind.
   Birthplace of father (State or foreign country) Wisconsin
9. Full maiden name of mother Betty Jane Dulby
   Residence of mother (if deceased so state) Palmetto, Florida
   Birthplace of mother (State or foreign country) Wisconsin

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Alice June Weant
New Address 1310 S. Raceway RD.

Subscribed and sworn to before me this 22 day of Dec, 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court, by written order issued 3 day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 22 day of Dec, 1982, authorizing the joining together as husband and wife Robert Joseph Collins and Alice June Weant

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer hereby certify that on the 24 day of Dec, one thousand nine hundred and 82 at Danville, County of Hendricks, State of Indiana, Groom Robert Joseph Collins of Hendricks County, State of Ind and, Bride Alice June Weant 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 Dec, 19 82.

Signed John C. Mowrer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of Dec, 1982

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 659

File

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

December 22, 1982
Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 12-10-82
Name of Physician William Edwards

FEMALE
Medical Examination Report Dated 12-14-82
Name of Physician F. Trammell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle C. Last Unterreiner

Date of Birth: Month July Day 30 Year 1954

Place of Birth (State or foreign country): Fremont Ohio

Residence Address: Street or R. R. 1613 August St. City Plainfield County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Linus John Unterreiner
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Maxie M. Salsbury
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Missouri

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David C Unterreiner
New Address RR#1 BOX 475 PLAINFIELD, IND

Subscribed and sworn to before me this 22 day of Dec., 19 82.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Diana Middle L. Last Hesson

Date of Birth: Month Sept. Day 6 Year 1948

Place of Birth (State or foreign country): La Porte Lake In.

Residence Address: Street or R. R. R.R.#1 Box 475 City Plainfield County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Christi Hesson
   Cavett "

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Joseph Risinger
   Residence of father (if deceased so state) Sullivan, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Melba Irene Adams
   Residence of mother (if deceased so state) Sullivan In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Diana L Hesson
New Address Rt#1 Box 475 Plainfield In.

Subscribed and sworn to before me this 22 day of Dec., 19 82.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 22 day of December, 19 82, authorizing the joining together as husband and wife David C Unterreiner and Diana L Hesson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, James D Wilson hereby certify that on the 8th day of Jan, one thousand nine hundred and 83, at Camby, County of Hendricks, State of Indiana, Groom David C Unterreiner of Hendricks County, State of Ind., and, Bride Diana L Hesson 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 8th day of Jan, 19 83.

Signed James D Wilson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of Jan, 19 83.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 660

File

December 22, 1982
Date of Application

MALE
Medical Examination Report Dated 12-20-82
Name of Physician Robert A. McDougal M.D.

FEMALE
Medical Examination Report Dated 12-20-82
Name of Physician David B. Haggard M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Thomas Middle Edward Last Barwise

Date of Birth: Month March Day 18 Year 1957

Place of Birth (State or foreign country) Rocky River Ohio

Residence Address: 417 Street or R. R. W. Walnut St. City Pitts. County Co. State In.

Previous Marital Status: Never Married ☐ OR ☑

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Driver License (Indiana)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Ernest Barwise
   Residence of father (if deceased so state) Darien, Conn.
   Birthplace of father (State or foreign country) Boston, Mass.
9. Full maiden name of mother Dorothy Patricia Wright
   Residence of mother (if deceased so state) Darien, Conn.
   Birthplace of mother (State or foreign country) California

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Thomas Edward Barwise

New Address 113 Cypress Ct. Oldsmar, FL.

Subscribed and sworn to before me this 22 day of Dec., 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Patricia Middle Lynne Last Burris

Date of Birth: Month May Day 14 Year 1960

Place of Birth (State or foreign country) Camden New Jersey

Residence Address: 204 Street or R. R. Shaw City Pittsfield County Hughes State N. Jersey

Previous Marital Status: Never Married ☐ OR ☑

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) ID (Public Service Indiana)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☑
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dallas Wayne Nichols
   Residence of father (if deceased so state) Greencastle, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marlene A. Graf
   Residence of mother (if deceased so state) Greencastle, In.
   Birthplace of mother (State or foreign country) New Jersey

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Patricia A. Burris

New Address 113 Cypress Ct, Oldsmar, Florida

Subscribed and sworn to before me this 22 day of Dec., 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....of Indiana dated the 28 day of Dec, 19 82, authorizing the joining together as husband and wife Thomas E. Barwise and Patricia L Burris

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Mitchell C. Gieselman hereby certify that on the 30 day of Dec, one thousand nine hundred and 82 at Plainfield, County of Hendricks, State of Indiana, Groom Thomas E. Barwise of Hendricks County, State of Ind, and, Bride Patricia L Burris 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 30 day of Dec, 19 82.

Signed Mitchell C Gieselman

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of Jan, 19 83.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

180

No. 661

File

12-23-82
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 12-16-82
Name of Physician Dr. R.L. Veach

FEMALE
Medical Examination Report Dated 12-16-82
Name of Physician Dr. R.L. Veach

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Wayne Middle A. Last Justice

Date of Birth: Month 11 Day 19 Year 1956

Place of Birth (State or foreign country) Lynch County Kentucky
City County State

Residence Address: Street or R. R. R.8, Box 375 D. City Indianapolis, County Ind. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License w/Pic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   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 Berlin Woodrow Justice
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Bobbie Mean Wright
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

× Signed Wayne Justice

New Address RR 8 Box 375 G. Indpls

Subscribed and sworn to before me this 23rd day of December, 19 82.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Loretta Middle J. Last Kortz

Date of Birth: Month July Day 11 Year 1962

Place of Birth (State or foreign country) Baltimore, Maryland

Residence Address: Street or R. R. R. #8, Box 375 D. City Indianapolis, County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Amber Nicole Kortz
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Benjamin Kortz
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Baltimore, Maryland
9. Full maiden name of mother Annie Virginia Sheffler
   Residence of mother (if deceased so state) Coalsville, In.
   Birthplace of mother (State or foreign country) W. Virginia

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

× Signed Loretta J. Kortz

New Address RR 8 Box 375G Indpls IN

Subscribed and sworn to before me this 23rd day of December, 19 82

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 December, 19 82, authorizing the joining together as husband and wife Wayne A. Justice and Loretta J. Kortz

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Eugene M. Border hereby certify that on the 28 day of Dec one thousand nine hundred and 82 at Bridges on the Lake Assm, County of Marion, State of Indiana, Groom Wayne A. Justice of Hendricks County, State of Ind, and, Bride Loretta J. Kortz 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 Dec, 19 83.

Signed Eugene M. Border

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of Jan, 19 83.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 662

File Dec. 23, 1982
Date of Application

MALE
Medical Examination Report Dated 12-23-82
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 12-23-82
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: First Lowell Middle L. Last Campfield

Date of Birth: Month 7 Day 23 Year 59

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. RR3 Box 471 City Plainfield County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   David Campfield
   Dena Campfield
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Campfield
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Mary Armstutz
   Residence of mother (if deceased so state) Mt. Vernon, In.
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lowell G Campfield
New Address RR 1 BOX 471 PLAINFIELD

Subscribed and sworn to before me this 23 day of Dec, 19 82.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Deborah Middle J. Last Pearson

Date of Birth: Month 9 Day 26 Year 1954

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. RR3 Box 471 City Plainfield County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Jeremy Leonard Nicole Watson
   Melissa Neal
   Thomas Neal
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Pearson
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country)
9. Full maiden name of mother Amy Buis
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Deborah J Pearson
New Address RR 1 Box 471 Plainfield

Subscribed and sworn to before me this 23 day of Dec, 19 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23 day of Dec, 1982 authorizing the joining together as husband and wife Lowell G. Campfield and Deborah J. Pearson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer hereby certify that on the 27 day of Dec, one thousand nine hundred and 82 at Danville, County of Hendricks, State of Indiana, Groom Lowell G. Campfield of Hendricks County, State of Ind and, Bride Deborah J. Pearson of Hendricks County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 27 day of Dec, 19 82.

Signed John C. Mowrer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of Dec, 19 82

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 663

File

12-22-82 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 12-20-82
Name of Physician W. Chroniak

FEMALE
Medical Examination Report Dated 12-20-82
Name of Physician W. Chroniak

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Rick Middle A. Last Shaw
Date of Birth: Month April Day 26 Year 1957
Place of Birth (State or foreign country): Indianapolis, In
Residence Address: Street or R. R. 1625 Franklin Dr. City Plainfield County In State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) 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 Eagle B. Shaw
   Residence of father (if deceased so state) unknown
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Althea Justine Poynter
   Residence of mother (if deceased so state) Plainfield, In
   Birthplace of mother (State or foreign country) Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rick A. Shaw
New Address 1047 B Kilgore, Pleasanton, Tx 78064

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Debra Middle Last Flynn
Date of Birth: Month April Day 24 Year 1953
Place of Birth (State or foreign country): Beech Grove, Ind
Residence Address: Street or R. R. 1047 B. Kilgore City Pleasanton County Texas State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers Lic w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert A. Hickerson
   Residence of father (if deceased so state) Indianapolis, In
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary Louise Horrom
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Debra Flynn
New Address 1047 B Kilgore, Pleasanton, Tx 78064

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the ~~25~~ 30 day of Dec., 19 82 authorizing the joining together as husband and wife Rick A Shaw and Debra Flynn

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Wm Spencer Gillespie hereby certify that on the 1 day of Jan one thousand nine hundred and 83 at Plainfield, County of Hendricks, State of Ind and, Groom Rick A Shaw of Hendricks County, State of Ind and, Bride Debra Flynn of Pleasanton County, State of Texas were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 1 day of Jan, 19 83.

Signed Wm Spencer Gillespie
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of Jan, 19 83

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Re Marriage

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 664

File

12-27-82
Date of Application

MALE
Medical Examination Report Dated 10-7-82
90 day Waiver /s/ John C. Mowrer
Name of Physician R. Stegemoller

FEMALE
Medical Examination Report Dated 10-7-82
90 day Waiver /s/ John C. Mowrer
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 Clarence Middle R. Last Inabnit

Date of Birth: Month July Day 7 Year 1939

Place of Birth (State or foreign country) Victor, In

Residence Address: Street or R. R. RR#1 Box 240 City Pittsboro, County, State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers Lic w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   James Tonner Inabnit 8
   Jennifer Sue 7
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Logan Inabnit
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Hattie McCalister
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Clarence R Inabnit

New Address Pittsboro Ind R.

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Carolyn Middle S Last Inabnit

Date of Birth: Month Nov Day 15 Year 1945

Place of Birth (State or foreign country) Rockdale, In

Residence Address: Street or R. R. RR#1 Box 240 City Pittsboro, County, State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers Lic w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   None
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Morrow Jones
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Tenn.
9. Full maiden name of mother Clellia M. Stewart
   Residence of mother (if deceased so state) Indianapolis, In
   Birthplace of mother (State or foreign country) Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carolyn Sue Inabnit

New Address RR1 240 Rt Pittsboro In.

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10 day of Jan, 1983, authorizing the joining together as husband and wife Clarence R. Inabnit and Carolyn S. Inabnit

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Mike Hunsinger hereby certify that on the 5th day of March, one thousand nine hundred and eighty three at Jamestown, County of Boone, State of Indiana, Groom Clarence R. Inabnit of Hendrick s County, State of Indiana, and, Bride Carolyn S. Inabnit 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 5th day of March, 1983.

Signed /s/Randolph M. Hunsinger

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15th day of March, 1983

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 665

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File 12-29-82 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-5-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 12-16-82
Name of Physician Charles E. Test

FEMALE
Medical Examination Report Dated 12-16-82
Name of Physician Charles E. Test

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Bill Middle L. Last Marty
Date of Birth: Month Jan Day 17 Year 1922
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 216 W. Tilden City Bsbrg 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) drvers lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Carl Marty
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Rokie Dell Clark
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Bill L. Marty
New Address 216 W. TILDEN BROWNSBURG, IN
Subscribed and sworn to before me this 29 day of Dec., 1982.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Geraldine Middle C. Last Zener
Date of Birth: Month July Day 15 Year 1924
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 1820 Marian 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) drvers 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 James W. Cooper
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Helen Margaret Llewellyn
   Residence of mother (if deceased so state) Indpls.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Geraldine Zener
New Address 216 W. Tilden Brownsburg, In
Subscribed and sworn to before me this 29 day of Dec., 1982
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 29 day of Dec., 19 82, authorizing the joining together as husband and wife Bill L Marty and Geraldine C. Zener.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Max C. Wells hereby certify that on the 31 day of Dec, one thousand nine hundred and 82 at Indianapolis, County of Marion, State of Ind., Groom Bill L Marty of Hendricks County, State of Ind., and, Bride Geraldine C Zener 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 31 day of Dec, 19 82.

Signed Max C. Wells
Official Designation Minister, 19 83.

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of Jan
Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
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

12-29-82 Date of Application

MALE
Medical Examination Report Dated 12-22-82
Name of Physician Lovall

FEMALE
Medical Examination Report Dated 12-22-82
Name of Physician Lovall

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gregory Middle A. Last Chastain

Date of Birth: Month July Day 1 Year 1957

Place of Birth (State or foreign country) Massachusetts

Residence Address: Street or R. R. RR2 Box 118B City Danville County Hendricks State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Rolland W. Chastain
   Residence of father (if deceased so state) 424 Riviera Dr., Plainfield
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Shirley Ann MacDay
   Residence of mother (if deceased so state) Plainfield, IN
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gregory A. Chastain
New Address RR #2 Box 118 B Danville, IN.
Subscribed and sworn to before me this 29 day of December 19 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Marcella Middle M. Last Lasch

Date of Birth: Month September Day 19 Year 1952

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. RR2 Box 118B City Danville County Hendricks State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Edward Earl Lasch
   Residence of father (if deceased so state) RR1 Box 66 Ambia, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Emma Jane Schilling
   Residence of mother (if deceased so state) Ambia, IN
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Marcella M. Lasch
New Address R.R. #2 Box 118B Danville, In. 46122
Subscribed and sworn to before me this 29 day of December 19 82
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10 day of January, 1983, authorizing the joining together as husband and wife Gregory A. Chastain and Marcella M. Lasch

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mourer hereby certify that on the 15 day of Jan, one thousand nine hundred and 83 at Danville, County of Hendricks, State of Indiana, Groom Gregory A. Chastain of Hendricks County, State of Ind, and, Bride Marcella M. Lasch 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 Jan, 19 83.

Signed John C. Mourer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of Jan, 19 83.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 1

File

1-3-83
Date of Application

MALE
Medical Examination Report Dated Sanders 12-28-82

Name of Physician

FEMALE
Medical Examination Report Dated 12-28-82

Name of Physician Sanders

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Scott Middle S. Last Hauss

Date of Birth: Month 9 Day 1 Year 1943

Place of Birth (State or foreign country) Ames, Iowa

Residence Address: Street or R. R. 5115 Sunny Meade Ln City Indpls County Marion State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Mark Stuart Hauss
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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 Stuart Hauss
   Residence of father (if deceased so state) Indpls Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Marjorie Ryan
   Residence of mother (if deceased so state) Indpls Ind.
   Birthplace of mother (State or foreign country) Indpls Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Scott S. Hauss

New Address 2609 WHITE OAK DR. B'burg Ind.

Subscribed and sworn to before me this 3 day of Jan, 19 83

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Mary Middle Beth Last Lockhart

Date of Birth: Month 8 Day 10 Year 1951

Place of Birth (State or foreign country) Martinsville Ind.

Residence Address: Street or R. R. 2609 Whitelick Dr City B'burg County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Robert Dwillayne Schindler
   Stacie Anne Schindler
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Lee Lockhart
   Residence of father (if deceased so state) B'burg Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary Ann Kraus
   Residence of mother (if deceased so state) B'burg Ind.
   Birthplace of mother (State or foreign country) Unknown

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mary Beth Lockhart

New Address 2609 Whitelick Dr B'burg Ind.

Subscribed and sworn to before me this 3 day of Jan, 83

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 January, 19 83, authorizing the joining together as husband and wife Scott S. Hauss and Mary Beth Lockhart

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Glenn C. Calkins hereby certify that on the 9 day of Jan one thousand nine hundred and 83 at Indianapolis, County of Marion State of Indiana, Groom Scott S. Hauss of Marion County, State of Ind. and, Bride Mary Beth Lockhart of Hendricks County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 9 day of Jan, 19 83.

Signed Glenn C. Calkins

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of Jan, 19 83

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 2

File

1-3-82 Date of Application

MALE
Medical Examination Report Dated 12-20-82
Name of Physician Poalitsan

FEMALE
Medical Examination Report Dated 12-20-82
Name of Physician Poalitsan

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kevin Middle L. Last Etter

Date of Birth: Month 8 Day 26 Year 1960

Place of Birth (State or foreign country) Bloomington Ind

Residence Address: Street or R.R. 1031 Winding Way City Bloomington County Monroe State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent ~~children~~.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard D Etter
   Residence of father (if deceased so state) Bloomington Ind
   Birthplace of father (State or foreign country) N. Dakota
9. Full maiden name of mother Peggy Lou Mathis
   Residence of mother (if deceased so state) Bloomington Ind.
   Birthplace of mother (State or foreign country) Bloomington Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kevin L. Etter

New Address 101 Crawford St Apt 122 Terre Haute IN 47807

Subscribed and sworn to before me this 3 day of Jan, 1983

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Sheryl Middle K. Last Sims

Date of Birth: Month 9 Day 11 Year 1960

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: Street or R.R. RR 1 Box 2185 City Pittsboro County Hend. State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Daniel A. Sims
   Residence of father (if deceased so state) Pittsboro Ind
   Birthplace of father (State or foreign country) Indpls Ind.
9. Full maiden name of mother Dianne E. McCullough
   Residence of mother (if deceased so state) Pittsboro Ind.
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sheryl K. Sims

New Address 101 Crawford St. Apt. 122 Terre Haute IN 47807

Subscribed and sworn to before me this 3 day of Jan, 1983

Mary Jane Russell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 January, 1983, authorizing the joining together as husband and wife Kevin L. Etter and Sheryl K. Sims

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, George W. Davis hereby certify that on the 8th day of Jan, one thousand nine hundred and 83 at Brownsburg, County of Hendricks, State of Ind., Groom Kevin L. Etter of Monroe County, State of Ind., and, Bride Sheryl K. Sims 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 11 day of Jan, 1983

Signed George W. Davis

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of Jan, 1983.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

1583 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1971

MALE
Medical Examination Report Dated 12-30-82
Name of Physician Whitney

FEMALE
Medical Examination Report Dated 12-30-82
Name of Physician Whitney

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Brian, Last Neal

Date of Birth: Month February, Day 2, Year 1961

Place of Birth (State or foreign country) California

Residence Address: Street or R. R. 8625 Flynn Road, City Indianapolis, County Marion, State IN

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☑
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☑
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ronald Gordon Neal
   Residence of father (if deceased so state) Indianapolis, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carol Lee Myers
   Residence of mother (if deceased so state) Indianapolis, IN
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ronald Brian Neal

New Address 8625 Flynn Rd Indianapolis

Subscribed and sworn to before me this 5 day of January, 1983.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Melissa, Middle Jo, Last Boles

Date of Birth: Month May, Day 29, Year 1961

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 201 Hanley St., City Plainfield, County Hendricks, State IN

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jerry Joe Boles
   Residence of father (if deceased so state) Plainfield, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia Ann VanMeter
   Residence of mother (if deceased so state) Plainfield, IN
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Melissa Jo Boles

New Address 8625 Flynn Rd Indianapolis

Subscribed and sworn to before me this 5 day of January, 1983

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 12 day of January, 1983, authorizing the joining together as husband and wife Ronald Brian Neal and Melissa Jo Boles

Be It further remembered, the following marriage certificate was filed in my office, to-wit:

I, Larry E. Crews hereby certify that on the 15 day of Jan, one thousand nine hundred and 83 at Plainfield, County of Hendricks, State of Indiana, Groom Ronald Brian Neal of Marion County, State of Ind. and, Bride Melissa Jo Boles 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 Jan, 19 83

Signed Larry E. Crews

Official Designation Minister, 19 83

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of Jan

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 4

File

1-5-83 Date of Application

MALE
Medical Examination Report Dated 12-28-82
Name of Physician K. Sandsberry

FEMALE
Medical Examination Report Dated 12-28-82
Name of Physician K. Sandsberry

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Anthony Middle W Last Wilson

Date of Birth: Month Feb Day 2 Year 1956

Place of Birth (State or foreign country) Greencastle, In

Residence Address: Street or R. R. RR#8 Box 372 Lot 21 City Indianapolis County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers Lic W/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Jason Wilson 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 James L Wilson
   Residence of father (if deceased so state) Brownsburg, In
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Darlene Freeman
   Residence of mother (if deceased so state) Brownsburg, In
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Anthony W Wilson

New Address RR 5 same

Subscribed and sworn to before me this 5 day of Jan, 1983

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Deborah Middle G. Last Mackey

Date of Birth: Month July Day 8 Year 1953

Place of Birth (State or foreign country) Indianapolis, In

Residence Address: Street or R. R. RR8 Box 322 Lot 21 City Indianapolis County Hendricks State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 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.
   Corina Weston 11 Shawn Mackey 3
   Mandie Weston 9 Jeremy Mackey 1
   Tonie Weston 7
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William W. Johnson
   Residence of father (if deceased so state) Tampa, Fla
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Clara Bell Shields
   Residence of mother (if deceased so state) Plainfield, In
   Birthplace of mother (State or foreign country) Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Deborah G. Mackey

New Address Same

Subscribed and sworn to before me this 5 day of Jan, 1983

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior #1 Court by written order issued 3 day Waiver and filed in Mary Lee Comer authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Jan, 1983, authorizing the joining together as husband and wife Anthony W. Wilson and Deborah G. Mackey

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Larry Lilly hereby certify that on the 8th day of Jan, one thousand nine hundred and 83 at Avon, County of Hendricks, State of Indiana, Groom Anthony W. Wilson of Hendricks County, State of Ind, and, Bride Deborah G Mackey 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 8th day of Jan, 1983.

Signed Larry Lilly

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of Jan, 1983.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 5

File

1-6-83 Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 12-31-82
Name of Physician Jackson

FEMALE
Medical Examination Report Dated 1-5-83
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: First Stephen Middle Charles Last Owen

Date of Birth: Month November Day 10 Year 1949

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 940 Ridgeview City Plainfield County Hendricks State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Jackson Owen
   Residence of father (if deceased so state) Indianapolis
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Deloris Jeanette Felton
   Residence of mother (if deceased so state) Indianapolis
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Stephen C Owen

New Address 940 Ridgeview Plainfield Ind.

Subscribed and sworn to before me this 12 day of January, 19 83

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Michelle Middle Arlene Last Nordhoff

Date of Birth: Month August Day 27 Year 1951

Place of Birth (State or foreign country) Tennessee

Residence Address: Street or R. R. 940 Ridgeview City Plainfield County Hendricks State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William winfos D Husteau
   Residence of father (if deceased so state) Green Valley, Arizona
   Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Hazel Francis Walling
   Residence of mother (if deceased so state) Green Valley, Arizona
   Birthplace of mother (State or foreign country) Iowa

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michelle A Nordhoff

New Address 940 Ridgeview Plainfield In. 46168

Subscribed and sworn to before me this 12 day of January, 19 83

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 13th day of Jan, 19 83, authorizing the joining together as husband and wife Stephen Charles Owen and Michelle Arlene Nordhoff

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Samples hereby certify that on the 15 day of Jan one thousand nine hundred and 83 at Plainfield, County of Hendricks, State of Indiana, Groom Stephen Charles Owen of Hendricks County, State of Ind, and, Bride Michelle Arlene Nordhoff 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 Jan, 19 83.

Signed John C. Samples

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of Jan, 19 83

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 6

File 1-6-83

Date of Application

MALE
Medical Examination Report Dated 1-5-83
Name of Physician Thomas C. Dascole

FEMALE
Medical Examination Report Dated 1-4-83
Name of Physician Thomas C. Dascole

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Dietz Last Markee

Date of Birth: Month Sept Day 14 Year 1914

Place of Birth (State or foreign country) Palestine, Illinois

Residence Address: Street or R. R. 604 Lakeside Dr. #B City Plfld 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Samuel Henry Markee
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Josephine Grace Dietz
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Robinson, Il

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Robert Dietz Markee

New Address 10111 Medallion Drive

Subscribed and sworn to before me this 6 day of Jan, 19 83

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Virginia Middle Esther Last Halliburton

Date of Birth: Month Dec Day 1 Year 1924

Place of Birth (State or foreign country) Indpls

Residence Address: 10111 Medallion Dr. Street or R. R. Indpls. City Hend County In State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) drivers 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 Harry Anthony Horsley
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Terre Haute, In
9. Full maiden name of mother Ida Olive Morrison
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Seymour, In

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Virginia Esther Halliburton

New Address 10111 Medallion Dr. Indpls. In.

Subscribed and sworn to before me this 6 day of Jan, 19 83

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 6 day of January, 1983, authorizing the joining together as husband and wife Robert D. Markee and Virginia E. Halliburton

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Dewey A. Thackston hereby certify that on the 7 day of Jan, one thousand nine hundred and 83 at Plainfield, County of Hendricks, State of Indiana, Groom Robert D. Markee of Hendricks County, State of Ind, and, Bride Virginia E. Halliburton 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 Jan, 19 83.

Signed Dewey A. Thackston

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of Jan, 1983.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 7

File

Jan 6, 1983
Date of Application

MALE
Medical Examination Report Dated 1-5-83
Name of Physician Eduards

FEMALE
Medical Examination Report Dated 1-4-83
Name of Physician Ludmilla O. Trammell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First ~~Edward~~ J. Middle Edward Last Trobaugh

Date of Birth: Month 7 Day 7 Year 1946

Place of Birth (State or foreign country) Mos Tennessee

Residence Address: Street or R. R. 9340 Stafford Rd City Plfd County Hend State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Trobaugh
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Hattie Pearser
   Residence of mother (if deceased so state) Westfield, Ind.
   Birthplace of mother (State or foreign country) Tennessee.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Edward Trobaugh

New Address SAME

Subscribed and sworn to before me this 7 day of Jan, 83

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Linda Middle Quincey Last DeMott

Date of Birth: Month 12 Day 20 Year 1941

Place of Birth (State or foreign country) Hammond, Indiana

Residence Address: Street or R. R. 9340 Stafford Rd 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.
   Jague DeMott
   Tyler DeMott
   Tamara DeMott
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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 Allen Neil
   Residence of father (if deceased so state) Indpls, Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Mary Adeline Buchanon
   Residence of mother (if deceased so state) Indpls., Ind.
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Linda Quincey DeMott

New Address 9340 Stafford Road

Subscribed and sworn to before me this 6 day of Jan, 83

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10 day of Jan, 83, authorizing the joining together as husband and wife J. Edward Trobaugh and Linda Q DeMott

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Don Hallock hereby certify that on the 14 day of Jan one thousand nine hundred and 83 at Plainfield, County of Hendricks, State of Ind., Groom J. Edward Trobaugh of Hendricks County, State of Ind., and, Bride Linda Q DeMott 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 Jan, 1983.

Signed Don Hallock

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of Jan, 1983

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 8

File

1-7-83 Date of Application

MALE
Medical Examination Report Dated 1-4-83
Name of Physician James E. Southard

FEMALE
Medical Examination Report Dated 1-4-83
Name of Physician James E. Southard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 C. Last Tomlinson

Date of Birth: Month 12 Day 5 Year 1940

Place of Birth (State or foreign country) Richmond, Virginia

Residence Address: Street or R. R. 252 S. Tennessee City Danville County, State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Brenda Carol Tomlinson
   Annette Tomlinson
   Trina Tomlinson
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be 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 Tomlinson
   Residence of father (if deceased so state) Richmond, Virginia
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Molly Lawson
   Residence of mother (if deceased so state) Richmond, Virginia
   Birthplace of mother (State or foreign country) Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James Tomlinson

New Address 252 Apt 2 S. Tenn St Danville

Subscribed and sworn to before me this 7 day of Jan, 19 83

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Mary Middle S. Last Stranger

Date of Birth: Month Jan Day 14 Year 1959

Place of Birth (State or foreign country) Naples, Indiana

Residence Address: Street or R. R. 252 S. Tennessee City Danville County, State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Mary Jane Stranger
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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).....
   Birthplace of father (State or foreign country).....
9. Full maiden name of mother Sue Webb
   Residence of mother (if deceased so state) Roachdale, Ind.
   Birthplace of mother (State or foreign country) Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mary S. Stranger

New Address 252 Apt 2 S. Tenn St Danville Ind

Subscribed and sworn to before me this 7 day of Jan, 19 83

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Supt-James Tomlinson Court by written order issued 3-Day Waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 7th day of January, 19 83, authorizing the joining together as husband and wife James C. Tomlinson and Mary S. Stranger

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ...hereby certify that on the.....day of....., one thousand nine hundred and.....at....., County of....., State of Indiana, Groom.....of.....County, State of....., and, Bride.....of.....County, State of....., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this.....day of....., 19.....

Signed.....

Official Designation.....

Filed and recorded in accordance with the laws of the State of Indiana this.....day of....., 19.....

Signed.....Clerk

HENDRICKS Circuit Court

Re-Marriage

No. 9

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

1-7-83 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 1-6-83
Name of Physician D. Hadley

FEMALE
Medical Examination Report Dated 1-6-83
Name of Physician D. Hadley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle L. Last Pride

Date of Birth: Month June Day 5 Year 1940

Place of Birth (State or foreign country): Daviess Co. Indiana

Residence Address: Street or R. R. 220 N. Jefferson St. City Danville County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 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.
   None

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Byred L. Pride
   Residence of father (if deceased so state) Washington, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Glayds D. Poll
   Residence of mother (if deceased so state) Washington, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robert L. Pride

New Address 220 N. Jefferson St Danville

Subscribed and sworn to before me this 7 day of Jan, 1983

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Gail Middle A. Last Pride

Date of Birth: Month Jan Day 14 Year 1942

Place of Birth (State or foreign country): Daviess Co. Indiana

Residence Address: Street or R. R. 220 N. Jefferson St. City Danville County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 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.
   Karen Lynn Pride 17

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ernest C. Rapner
   Residence of father (if deceased so state) Wheatland, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Wonda M. Byrd
   Residence of mother (if deceased so state) Wheatland, In
   Birthplace of mother (State or foreign country) Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gail A. Pride

New Address 220 N. Jefferson Danville

Subscribed and sworn to before me this 7 day of Jan, 1983

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Jan, 1983, authorizing the joining together as husband and wife Robert L Pride and Gail A. Pride

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Joseph D. Stump, hereby certify that on the 14 day of Jan one thousand nine hundred and 83 at Danville, County of Hendricks, State of Indiana, Groom Robert L Pride of Hendricks County, State of Ind, and, Bride Gail A. Pride 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 11 day of Jan, 19 83.

Signed Joseph D Stump

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of Jan, 19 83.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 10

File

1-7-83 Date of Application

MALE
Medical Examination Report Dated 1-4-83
Name of Physician M. O. Seamahorn, M.D.

FEMALE
Medical Examination Report Dated 1-4-83
Name of Physician M. O. Seamahorn, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle C. Last Murphy

Date of Birth: Month 8 Day 22 Year 1960

Place of Birth (State or foreign country) Indpls. In.

Residence Address: Street or R. R. R.R. #3, Box 142 City Danville County Hendricks State In. 46122

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License 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 Joseph Leland Murphy
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia Ann Zengraf
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John C Murphy

New Address 217 N. Jefferson St. Brownsburg In

Subscribed and sworn to before me this 24 day of January, 1983

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Jane Middle M. Last Althoff

Date of Birth: Month 11 Day 6 Year 1961

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 9040 N. 800 East City Brownsburg County Hendricks State 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) Drivers License w/Pic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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) Illinois
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) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jane M. Althoff

New Address 210 N. Jefferson St. Brownsburg In

Subscribed and sworn to before me this 24 day of January, 1983

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 12 *day of* Jan *, 19*83*, authorizing the joining together as husband and wife* John C. Murphy *and* Jane M. Althoff

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John M. Hall hereby certify that on the 15 day of Jan, one thousand nine hundred and 83 at Brownsburg, County of Hendricks, State of Indiana, Groom John C. Murphy of Hendricks County, State of Ind, and, Bride Jane M. Althoff of Hendricks County, State of , were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12 day of Jan, 19 83

Signed John M. Hall

Official Designation Priest

Filed and recorded in accordance with the laws of the State of Indiana this 20 *day of* Jan, 19 83

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 11

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File 1-2-83 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 1-4-83
Name of Physician J. Cohen

FEMALE
Medical Examination Report Dated 1-4-83
Name of Physician J. Cohen

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Eric Middle W Last Cox
Date of Birth: Month April Day 8 Year 1958
Place of Birth (State or foreign country) Indianapolis, In
Residence Address: Street or R. R. 1226 Almond Dr. City Plainfield, County, State In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers Lic W/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Ryon Alon Cox 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 Raymond Nelson Cox
   Residence of father (if deceased so state) Plainfield, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rosemary Snow
   Residence of mother (if deceased so state) Plainfield, In
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Eric Cox
New Address 1226 almond Dr.
Subscribed and sworn to before me this 7 day of Jan, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Cheryl Middle M Last Steinbarth
Date of Birth: Month June Day 9 Year 1960
Place of Birth (State or foreign country) Pine Bluff, Ark
Residence Address: Street or R. R. 1226 Almond Dr. City Plainfield, County, State In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers Lic W/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Michael Scott Steinbarth 2
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard Hoover
   Residence of father (if deceased so state) Porter, Tx
   Birthplace of father (State or foreign country) Ark
9. Full maiden name of mother Lucille Brown
   Residence of mother (if deceased so state) Porter, Tx
   Birthplace of mother (State or foreign country) Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Cheryl M. Steinbarth
New Address 1226 Almond Dr
Subscribed and sworn to before me this 7 day of Jan, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14th day of January, 1983, authorizing the joining together as husband and wife Eric W. Cox and Cheryl M. Steinbarth

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Myron Barnard hereby certify that on the 15 day of Jan one thousand nine hundred and 83 at Indianapolis, County of Marion, State of Indiana, Groom Eric W. Cox of Hendricks County, State of Ind and, Bride Cheryl M. Steinbarth 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 Jan, 1983.

Signed Myron Barnard
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of Jan, 1983

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 12

File 1-2-83 Date of Application

MALE
Medical Examination Report Dated 1-5-83
Name of Physician R. Heavin

FEMALE
Medical Examination Report Dated 1-6-83
Name of Physician R. Heavin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gerald Middle M. Last Singleton

Date of Birth: Month Nov Day 15 Year 1946

Place of Birth (State or foreign country) Indianapolis, In

Residence Address: Street or R. R. RR#2 Box 12A City Coatesville County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Gerald M. Singleton II 16
   Christy M. " 12
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Singleton
   Residence of father (if deceased so state) Stilesville, In
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Ruby Cooper
   Residence of mother (if deceased so state) Stilesville, In
   Birthplace of mother (State or foreign country) Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gerald M Singleton

New Address RR2 Box 12-A Coatesville In

Subscribed and sworn to before me this 7 day of Jan, 1983

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First LaDonna Middle M. Last Kays

Date of Birth: Month Aug Day 17 Year 1963

Place of Birth (State or foreign country) Greencastle, In

Residence Address: Street or R. R. RR#2 Box 12A City Coatesville County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Nicholas T. Kays I
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Howard Gilmore
   Residence of father (if deceased so state) Mt Meridian, In
   Birthplace of father (State or foreign country) Va
9. Full maiden name of mother Phyllis McCormick
   Residence of mother (if deceased so state) Coatesville, In
   Birthplace of mother (State or foreign country) Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed LaDonna M. Kays

New Address RR#2 Box 12A Coatesville, In.

Subscribed and sworn to before me this 7 day of Jan, 83.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....Circuit Court of Indiana dated the 24 day of Jan, 1983, authorizing the joining together as husband and wife Gerald M. Singleton and LaDonna M. Kays

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Tom Gilliard hereby certify that on the 5th day of February, one thousand nine hundred and eighty-three at Stilesville, County of Morgan, State of Indiana, Groom Gerald M. Singleton of Hendricks County, State of Indiana, and, Bride LaDonna M. Kays of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 5th day of February, 19 83

Signed /s/Tom McGilliard

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of February, 19 83

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 13

File

1-7-83
Date of Application

MALE
Medical Examination Report Dated 1-6-83
Name of Physician Jackson

FEMALE
Medical Examination Report Dated 1-3-83
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: First Ronald Middle A. Last Kennedy
Date of Birth: Month 11 Day 24 Year 1950
Place of Birth (State or foreign country) Lebanon Ind
Residence Address: Street or R. R. Box 14 City Lizton County Hend. State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Tanya Kay Kennedy
   Lance Edward Kennedy
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dick E. Kennedy
   Residence of father (if deceased so state) Lizton Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Johnette Leach
   Residence of mother (if deceased so state) Lizton, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Ronald Kennedy
New Address Box 14 Lizton IN.

Subscribed and sworn to before me this 7 day of January, 1983.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Linda Middle Sue Adams Last Courtney
Date of Birth: Month 5 Day 22 Year 1953
Place of Birth (State or foreign country) Indpls Ind
Residence Address: Street or R. R. Box 14 City Lizton County Hend. State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Kimberly Louise Courtney
   Clint Edward Courtney
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Louis D. Adams
   Residence of father (if deceased so state) Lakeworth Fla.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Katherine L. Munch
   Residence of mother (if deceased so state) Lakeworth, Fla.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Linda S. Courtney
New Address Box # 14 Lizton, Ind.

Subscribed and sworn to before me this 7 day of January, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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 7 day of Jan, 1983, authorizing the joining together as husband and wife Ronald A. Kennedy and Linda Sue Courtney

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Mary Jane Russell hereby certify that on the 8 day of Jan one thousand nine hundred and 83 at North Salem, County of Hendricks State of Indiana, Groom Ronald A. Kennedy of Hendricks County, State of Ind, and, Bride Linda Sue Courtney 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 Jan, 1983.

Signed Mary Jane Russell
Official Designation Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of Jan, 1983.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 14

File Jan 10, 1983 Date of Application

MALE
Medical Examination Report Dated 1-6-83
Name of Physician G. Harris

FEMALE
Medical Examination Report Dated 1-6-83
Name of Physician G. Harris

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First William Middle H. Last Huntley Jr.
Date of Birth: Month Dec. Day 4 Year 1942
Place of Birth (State or foreign country): Detroit Mich.
Residence Address: Street or R. R. 225 N. Cross City Donville County State In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers Lic w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Dawn R. Huntley 10
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William H. Huntley Sr.
   Residence of father (if deceased so state) New Winchester, In
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Virginia Harburge
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Mich.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William H Huntley Jr
New Address 225 N. Cross Danville,

Subscribed and sworn to before me this 10 day of Jan, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Melinda Middle J. Last Rinehart
Date of Birth: Month May Day 26 Year 1954
Place of Birth (State or foreign country): Indianapolis In
Residence Address: 225 N. Cross City Donville County State In
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers Lic w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Archie Lee Rinehart
   Residence of father (if deceased so state) Donville, In
   Birthplace of father (State or foreign country) Ind
9. Full maiden name of mother Betty Sievers
   Residence of mother (if deceased so state) Donville, In
   Birthplace of mother (State or foreign country) Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Melinda J. Rinehart
New Address 225 N. Cross, Danville

Subscribed and sworn to before me this 10 day of Jan, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Jan, 1983, *authorizing the joining together as husband and wife* William H. Huntley Jr *and* Melinda J. Rinehart

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John P. Root hereby certify that on the 28 day of Jan, one thousand nine hundred and 83 at Donville, County of Hendricks, State of Indiana, Groom William H. Huntley Jr of Hendricks County, State of Ind, and, Bride Melinda J. Rinehart 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 Jan, 1983.

Signed John P. Root
Official Designation Priest

Filed and recorded in accordance with the laws of the State of Indiana this 31 day of Jan, 1983

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 15

File

1-10-83
Date of Application

MALE
Medical Examination Report Dated 1-4-83
Name of Physician Noland

FEMALE
Medical Examination Report Dated 1-4-83
Name of Physician Noland

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Norman Middle Jay Last Clark
Date of Birth: Month 9 Day 14 Year ~~1933~~ 1955
Place of Birth (State or foreign country) Rushville Ind
Residence Address: Street or R. R. ~~505~~ Douglas Dr. City B'burg County Hend State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Military I.D. w/o picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Jay Clark
   Residence of father (if deceased so state) Greensburg Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Mary Margaret Pollict
   Residence of mother (if deceased so state) Greensburg Ind.
   Birthplace of mother (State or foreign country) California

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Norman J. Clark
New Address Same

Subscribed and sworn to before me this 10 day of January, 19 ~~83~~ 83
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Judith Middle Ann Last Knapp Last Rideneur
Date of Birth: Month 6 Day 6 Year 1944
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R. R. 505 Douglas Dr. City B'burg County Hend State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers Licens w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Kelly Jean Rideneur
   Kebri Jo Rideneur

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Loy Junior Knapp
   Residence of father (if deceased so state) B'burg Ind.
   Birthplace of father (State or foreign country) Indpls Ind.
9. Full maiden name of mother Maryjoe Lois Bogle
   Residence of mother (if deceased so state) B'burg Ind.
   Birthplace of mother (State or foreign country) Indpls Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Judith Ann Rideneur
New Address Same

Subscribed and sworn to before me this 10 day of January, 19 83
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Signed.....
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14th day of January, 19 83, authorizing the joining together as husband and wife Norman Jay Clark and Judith Ann Rideneur
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Nelson M. Chamberlin hereby certify that on the 21 day of Jan one thousand nine hundred and 83 at Fishers, County of Hamilton, State of Indiana, Groom Norman Jay Clark of Hendricks County, State of Ind and, Bride Judith Ann Rideneur 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 Jan, 19 83.

Signed Nelson Jay Chamberlin
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of Jan, 19 83.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 16

File

1-12-83 Date of Application

MALE
Medical Examination Report Dated 12-24-82
Name of Physician Proehosoff

FEMALE
Medical Examination Report Dated 12-24-82
Name of Physician Proehosoff

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First EDSEL Middle L. Last Phelps

Date of Birth: Month August Day 28 Year 1934

Place of Birth (State or foreign country) Acosn Kentucky

Residence Address: Street or R. R. 7862 Eagle Valley Pass City Indianapolis County Marion State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Roy Phelps
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Acosn, Ky
9. Full maiden name of mother Evelyn Woodall
   Residence of mother (if deceased so state) Lyons, IN
   Birthplace of mother (State or foreign country) Acosn, Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Edsel Leroy Phelps

New Address 7862 Eagle Valley Pass, Indpls.

Subscribed and sworn to before me this 12 day of January, 1983

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Donna Middle M. Last Schoonmaker

Date of Birth: Month May Day 13 Year 1937

Place of Birth (State or foreign country) Indianapolis, IN

Residence Address: Street or R. R. Carters Dusg City Hendricks County IN State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clifford Herschel Crowe
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Hendricks Co. IN
9. Full maiden name of mother Mildred Esther Pearcy
   Residence of mother (if deceased so state) Carters burg, IN
   Birthplace of mother (State or foreign country) Hendricks Co., IN

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donna M. Schoonmaker

New Address 7862 Eagle Valley Pass Indpls.

Subscribed and sworn to before me this 12 day of January, 1983

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior I Court by written order issued 30 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 12 day of Jan, 1983, authorizing the joining together as husband and wife Edsel L Phelps and Donna M. Schoonmaker

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Joris D Fravg hereby certify that on the 22 day of Jan, one thousand nine hundred and 83 at Cartersburg, County of Hendricks, State of Indiana, Groom Edsel L. Phelps of Marion County, State of Ind and, Bride Donna M. Schoonmaker 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 Jan, 1983.

Signed Joris D. Fravg

Official Designation Justice

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of Jan, 1983.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

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Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 17

File

1-13-83
Date of Application

MALE
Medical Examination Report Dated 1-7-83
Name of Physician Kerlin

FEMALE
Medical Examination Report Dated 1-7-83
Name of Physician Kerlin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jerry Middle A. Last Arthur

Date of Birth: Month 6 Day 5 Year 1956

Place of Birth (State or foreign country) Greencastle Ind.

Residence Address: Street or R. R. P.O. Box 30 City Clayton County Hend State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Kristie Lee Arthur
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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 Lyon Arthur
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Wilma Lucille Williams
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jerry A. Arthur
New Address P.O. Box 30 Clayton IN 46118

Subscribed and sworn to before me this 13 day of Jan, 1983.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Rebecca Middle J. Last Dillon

Date of Birth: Month 1 Day 11 Year 1962

Place of Birth (State or foreign country) Champaign Ill.

Residence Address: Street or R. R. P.O. Box 92 City Paragon County Morgan State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Loren Ellis Dillon
   Residence of father (if deceased so state) Paragon Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mabel Viola Lakin
   Residence of mother (if deceased so state) Paragon, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rebecca J Dillon
New Address P.O. Box 30 Clayton, IN

Subscribed and sworn to before me this 13 day of Jan, 83.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 3-day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Jan, 1983, authorizing the joining together as husband and wife Jerry A Arthur and Rebecca J Dillon

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Glen M. Bogue hereby certify that on the 15 day of Jan one thousand nine hundred and 83 at Bloomington, County of Monroe, State of Indiana, Groom Jerry A. Arthur of Hendricks County, State of Ind, and, Bride Rebecca J Dillon of Morgan County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 15 day of Jan, 1983.

Signed Glen M Bogue Sr
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of Jan, 1983.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Re Marriage

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 18

File 1-17-83 Date of Application

MALE
Medical Examination Report Dated 1-14-83
Name of Physician Mandel

FEMALE
Medical Examination Report Dated 1-14-83
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: First Bart Middle Evan Last Richards

Date of Birth: Month Feb. Day 5 Year 1955

Place of Birth (State or foreign country) Dayton, Ohio

Residence Address: Street or R. R. 221 N. Jefferson City B'burg County Hend State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) drvrs 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.
   Angela Richards
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Lewis Richards
   Residence of father (if deceased so state) Vandalia, Ohio
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Margaret Alice Cull
   Residence of mother (if deceased so state) Vandalia, Ohio
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Bart Evan Richards

New Address 221 N Jefferson st.

Subscribed and sworn to before me this 17 day of Jan., 19 83

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Robin Middle Kay Last Richards

Date of Birth: Month Sept Day 21 Year 58

Place of Birth (State or foreign country) Indpls

Residence Address: Street or R. R. 221 N. Jefferson City B'burg County Hend State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) drvrs 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 Welch
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Katherine Kinne
   Residence of mother (if deceased so state) B'burg
   Birthplace of mother (State or foreign country) Indpls.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Robin Kay Richards

New Address 221 N. Jefferson St

Subscribed and sworn to before me this 17 day of Jan., 19 83

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Jan 19 83, authorizing the joining together as husband and wife Bart Evan Richards and Robin Kay Richards

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Hallie S. Miller hereby certify that on the 5 day of Feb, one thousand nine hundred and 83 at Brownsburg, County of Hendricks, State of Indiana, Groom Bart Evan Richards of Hendricks County, State of Ind, and, Bride Robin Kay Richards of Hendricks County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 5 day of Feb, 19 83.

Signed Hallie S. Miller

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of Feb, 19 83.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 19

File

1-19-83 Date of Application

MALE
Medical Examination Report Dated 1-12-83
Name of Physician Hadley

FEMALE
Medical Examination Report Dated 1-12-83
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 Eugene Middle J Last Hering

Date of Birth: Month May Day 6 Year 1932

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 245 N. Vine Apt 20 City Plainfield County Hendricks State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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 Anthony F. Hering
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Germany
9. Full maiden name of mother Gertrude Gosalski
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Eugene J. Hering

New Address 641 Kentucky St. Plfd., Ind. 46168

Subscribed and sworn to before me this 19 day of January, 1983

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Ruth Middle K. Last Hardin

Date of Birth: Month August Day 9 Year 1946

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 245 N. Vine Apt 14 City Plainfield County Hendricks State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard C. Winegar
   Residence of father (if deceased so state) 3550 W. Michigan, Indianapolis, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Alice Aldora Buckner
   Residence of mother (if deceased so state) 3550 W. Michigan, Indpls, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ruth K. Hardin

New Address 641 Kentucky St. Plfd. Ind 46168

Subscribed and sworn to before me this 19 day of January 83

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued..... and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24 day of January, 1983, authorizing the joining together as husband and wife Eugene J. Hering and Ruth K. Hardin

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ron Hallock hereby certify that on the 4 day of Feb one thousand nine hundred and 83 at Plainfield, County of Hendricks, State of Indiana, Groom Eugene J. Hering of Hendricks County, State of Ind, and, Bride Ruth K. Hardin 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 Feb, 1983.

Signed Ron Hallock

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of Feb, 1983.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 20

File 1-19-83 Date of Application

MALE
Medical Examination Report Dated 1-17-83
Name of Physician T. Doscoli

FEMALE
Medical Examination Report Dated 1-17-83
Name of Physician T. Doscoli

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Carl Middle J. Last Moore

Date of Birth: Month Feb Day 7 Year 1961

Place of Birth (State or foreign country) Johnstown, Pa

Residence Address: Street or R. R. 130 N. Raceway Rd City Indianapolis County — State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers Lic W/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jay R. Moore
   Residence of father (if deceased so state) Indianapolis, In
   Birthplace of father (State or foreign country) Penn.
9. Full maiden name of mother Iona Jill Johnson
   Residence of mother (if deceased so state) Indianapolis, In
   Birthplace of mother (State or foreign country) Penn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carl J Moore
New Address 903 Prescott ct.

Subscribed and sworn to before me this 19 day of Jan, 19 83
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this..... day of....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Tracie Middle G. Last Jackson

Date of Birth: Month Nov Day 23 Year 1963

Place of Birth (State or foreign country) Marion Co. Indiana

Residence Address: Street or R. R. 903 Prescott Court City Indianapolis County — State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Bobby Gaston Jackson
   Residence of father (if deceased so state) Indianapolis, In
   Birthplace of father (State or foreign country) Tenn.
9. Full maiden name of mother Alice Gail Wilson
   Residence of mother (if deceased so state) Indianapolis, In
   Birthplace of mother (State or foreign country) Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Tracie Jackson
New Address 903 Prescott Court

Subscribed and sworn to before me this 19 day of Jan, 19 83
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this..... day of....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 January, 19 83, authorizing the joining together as husband and wife Carl J. Moore and Tracie G. Jackson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Gregory P. Latimer hereby certify that on the 30th day of January, one thousand nine hundred and eighty three at Indianapolis, County of Marion, State of Indiana, Groom Carl J. Moore of Indianapolis, County, State of Indiana, and, Bride Tracie G. Jackson 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 30 day of January, 19 83.

Signed /s/ Gregory P. Latimer
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of February, 19 83.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 21

File

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

1-21-83
Date of Application

MALE
Medical Examination Report Dated 1-16-83
Name of Physician J. Kerlin

FEMALE
Medical Examination Report Dated 1-16-83
Name of Physician J. Kerlin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Russell Middle L Last Daum
Date of Birth: Month Nov Day 1 Year 1942
Place of Birth (State or foreign country) Indianapolis, In
Residence Address: Street or R. R. 1012 E Buchanan City Plainfield County State In

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers Lic w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Susan Ann 12
   Dawn Lee 14
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Horace Lewis Dawn
   Residence of father (if deceased so state) Plainfield, In
   Birthplace of father (State or foreign country) Ind
9. Full maiden name of mother Ruth Alma Forward
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Russell L Daum
New Address 3203 Indiana Rd Plainfield, In.

Subscribed and sworn to before me this 20 day of Jan, 19 83.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Ellen Middle K. Last McGinley
Date of Birth: Month April Day 11 Year 1945
Place of Birth (State or foreign country) Philadelphia, Pa
Residence Address: Street or R. R. 5160 Hawthorne Dr City Indianapolis County State In

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers Lic w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Paul Anthony McGinley
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Penn
9. Full maiden name of mother Mary Mozella McGurl
   Residence of mother (if deceased so state) Allentown, Pa
   Birthplace of mother (State or foreign country) Penn

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ellen K. McGinley
New Address 3203 Indiana Rd, Plainfield, In

Subscribed and sworn to before me this 20 day of Jan, 19 83
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Signed.....

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 January, 19 83, authorizing the joining together as husband and wife Russell L Daum and Ellen K. McGinley

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Mike Bullard hereby certify that on the 5 day of Feb one thousand nine hundred and 83 at Hope Church, County of Hendricks State of Indiana, Groom Russell L Daum of Hendricks County, State of Ind. and, Bride Ellen K McGinley 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 5 day of Feb, 19 83.

Signed Mike Bullard
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of Feb, 19 83.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 22

File

1-21-83 Date of Application

MALE
Medical Examination Report Dated 1-12-83
Name of Physician E. Clark

FEMALE
Medical Examination Report Dated 1-6-83
Name of Physician C. Mercias

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Terry Middle L. Last Hilderbrand

Date of Birth: Month Dec. Day 1 Year 1956

Place of Birth (State or foreign country) Indianapolis In

Residence Address: Street or R. R. 385 S. Cook City Danville County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers Lic W/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 George Hilderbrand
   Residence of father (if deceased so state) Danville, In
   Birthplace of father (State or foreign country) No.
9. Full maiden name of mother Dortha Marie Jackson
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Terry L. Hilderbrand

New Address 394 W. Morgan St. Danville

Subscribed and sworn to before me this 21 day of Jan, 1983

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Donna Middle M. Last Drews

Date of Birth: Month May Day 19 Year 1960

Place of Birth (State or foreign country) Indianapolis In

Residence Address: Street or R. R. 1605 S. Vinewood City Indianapolis County Marion State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers Lic W/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert B Fugate
   Residence of father (if deceased so state) Indianapolis, In
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Goolick Caroline Cline
   Residence of mother (if deceased so state) Indianapolis, In
   Birthplace of mother (State or foreign country) Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donna M Drews

New Address 394 W. Morgan St Danville

Subscribed and sworn to before me this 21 day of Jan, 1983

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 January, 1983, authorizing the joining together as husband and wife Terry L. Hilderbrand and Donna M. Drews

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Stanley A. Johnson hereby certify that on the 14th day of February, one thousand nine hundred and eighty-three at Danville, County of Hendricks, State of Indiana, Groom Terry L. Hilderbrand of Hendricks County, State of Indiana, and, Bride Donna M. Drews 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 14th day of February, 19 83.

Signed /s/Stanley A. Johnson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 16th day of February, 19 83

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 23

File

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Jan. 24, 1983
Date of Application

MALE
Medical Examination Report Dated 1-11-83
Name of Physician Wm. A. Edwards

FEMALE
Medical Examination Report Dated 1-11-83
Name of Physician Wm. A. Edwards

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Raymond Middle R. Last Ray
Date of Birth: Month July Day 17 Year 1941
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 308 Park St., City Plainfield, County, State Ind.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Timothy Duane Ray
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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 Allen Ray
   Residence of father (if deceased so state) Indpls., Ind.
   Birthplace of father (State or foreign country) Little Rock, Arkansas
9. Full maiden name of mother Maggie L. Weaver
   Residence of mother (if deceased so state) Indpls., Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Raymond L. Ray
New Address 308 Park St.

Subscribed and sworn to before me this 24 day of Jan, 19 83.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Barbara Middle E. Last Wilburn
Date of Birth: Month Feb. Day 17 Year 1943
Place of Birth (State or foreign country) Martinsville, Ind.
Residence Address: Street or R. R. 308 Park St., City Plainfield, County, State Ind.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Timothy Bertram Wilburn
   Matthew Wayne Wilburn
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lloyd Langston Brummett
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Florence Hogan
   Residence of mother (if deceased so state) Indpls., Ind.
   Birthplace of mother (State or foreign country) Kansas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Barbara E. Wilburn
New Address 308 Park St.

Subscribed and sworn to before me this 24 day of Jan, 19 83
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Signed ..... 19.....
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 January, 19 83, authorizing the joining together as husband and wife Raymond L Ray and Barbara E Wilburn

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Wilber M Bohanon hereby certify that on the 29 day of Jan one thousand nine hundred and 83 at Indianapolis, County of Marion, State of Indiana, Groom Raymond L Ray of Hendricks County, State of Ind and, Bride Barbara E Wilburn 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 Jan, 19 82.

Signed Wilber M. Bohanon
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of Feb, 19 83

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 24

File 1-25-83 Date of Application

MALE
Medical Examination Report Dated 1-21-83
Name of Physician H. Hill

FEMALE
Medical Examination Report Dated 1-24-83
Name of Physician H. Hill

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Darrell Middle E. Last Connard

Date of Birth: Month Jan Day 28 Year 1954

Place of Birth (State or foreign country) Charleston, W. Va

Residence Address: Street or R. R. 1160 W. Lincoln St. City Danville County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 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.
   Sherrie Lynn Connard 10
   Joseph Eugene Connard 4
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George Herron Connard
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) W. Va
9. Full maiden name of mother Ethel Virginia Hedricks
   Residence of mother (if deceased so state) Clesapeake, W. Va
   Birthplace of mother (State or foreign country) W. Va

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Darrell E. Connard
New Address 1160 W Lincoln St.

Subscribed and sworn to before me this 25 day of Jan, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Debbie Middle L. Last Adams

Date of Birth: Month Jan Day 2 Year 1957

Place of Birth (State or foreign country) Indianapolis, In

Residence Address: Street or R. R. 898 Sunset City Danville County State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers Lic w/pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Cordell Lawrence Adams
   Residence of father (if deceased so state) Danville, In
   Birthplace of father (State or foreign country) Penn.
9. Full maiden name of mother Betty Jean Lundsford
   Residence of mother (if deceased so state) Danville, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Debbie L Adams
New Address 1160 W. Lincoln, Danville, Ind.

Subscribed and sworn to before me this 25 day of Jan, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Darrell E. Connard and Debbie L. Adams

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, James M York hereby certify that on the 5 day of Feb, one thousand nine hundred and 83 at Danville, County of Hendricks, State of Ind, Groom Darrell E. Connard of Hendricks County, State of Ind, and, Bride Debbie L. 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 5 day of Feb, 1983.

Signed James M. York
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of Feb, 1983.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 25

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

1-27-83 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 1-21-83
Name of Physician Joseph C. Kerlin M.D.

FEMALE
Medical Examination Report Dated 1-21-83
Name of Physician Joseph 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 Rodney Middle [illegible] Last Reynolds

Date of Birth: Month 8 Day 4 Year 1938

Place of Birth (State or foreign country) Crawfordsville In.

Residence Address: Street or R. R. 10015 Lake of Lanterns North City Indpls. County [illegible] State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Andrew 17
   Jonna Lynn 13
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Wesley Reynolds
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Arkansas
9. Full maiden name of mother Esther Mae Moore
   Residence of mother (if deceased so state) Crawfordsville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Radney Reynolds

New Address 10015 N. LANTERNS N. INDPS, IN.

Subscribed and sworn to before me this 27 day of Jan., 19 83.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Jill Middle D. Last Benge

Date of Birth: Month 2 Day 2 Year 1957

Place of Birth (State or foreign country) Greensburg In.

Residence Address: Street or R. R. 2328 Norris Dr. City Indpls. County [illegible] State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Fredyrick Wayne Weber
   Residence of father (if deceased so state) Greenwood, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jean Ann Peterson
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Iowa.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jill D. Benge

New Address 2328 Norris Drive

Subscribed and sworn to before me this 27 day of Jan., 19 83

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 3 day of Feb, 19 83, authorizing the joining together as husband and wife Rodney Reynolds and Jill D. Benge

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Scott Ging hereby certify that on the 11th day of February, one thousand nine hundred and eighty three at Indpls., County of Marion State of Indiana, Groom Rodney Reynolds of Hendricks County, State of Indiana, and, Bride Jill Benge 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 Feb. 19 83.

Signed Scott Ging

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of February, 19 83

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-1-5-2
Effective Date 1 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 26

File

1-28-83
Date of Application

MALE
Medical Examination Report Dated 1-25-83
Name of Physician D. Harris

FEMALE
Medical Examination Report Dated 1-25-83
Name of Physician D. 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 promise shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle N. Last Beason

Date of Birth: Month Feb Day 20 Year 1954

Place of Birth (State or foreign country) Indianapolis, In

Residence Address: Street or R.R. 1630½ Brown St. City Anderson, County, State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes" has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Brandon Beason 9
   Jennifer Beason 4
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes" it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harold J. Beason
   Residence of father (if deceased so state) Anderson, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Orita Marie Owen
   Residence of mother (if deceased so state) Clayton, In
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael N. Beason

New Address RR 8 Box 385 Ind'pls, In

Subscribed and sworn to before me this 28 day of Jan 19 83

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ____ Father

Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____ 19 ____

____ Clerk

FEMALE APPLICANT

Name: First Beverly Middle J. Last Sutton

Date of Birth: Month Nov Day 13 Year 1950

Place of Birth (State or foreign country) Lebanon, In

Residence Address: Street or R.R. RR #8 Box 385 City Indianapolis County In State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes" has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Kristina Sutton 9
   Craig Sutton 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 Chester L. Storm
   Residence of father (if deceased so state) Danville, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lola M. Harding
   Residence of mother (if deceased so state) Danville, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Beverly Sutton

New Address R.R. 8, Box 385, Ind'pls, In.

Subscribed and sworn to before me this 28 day of Jan 19 83

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ____ Father

Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____ 19 ____

____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ____ and filed in ____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ____ of Indiana, dated the 2 day of Feb 19 83 authorizing the joining together as husband and wife Michael N. Beason and Beverly J. Sutton

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ronald C. Vetters hereby certify that on the 5 day of Feb at Burkett Chapel County of Hendricks, one thousand nine hundred and 83 State of Indiana, Groom Michael N. Beason of Mayhew County, State of In, and, Bride Beverly J. Sutton of Hendricks County, State of Ind, 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 5 day of Feb 19 83. Signed Ronald C. Vetters

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of Feb 19 83. Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 27

File

Jan 28 1983
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 1-24-83
Name of Physician Glen V. Ryan

FEMALE
Medical Examination Report Dated 1-24-83
Name of Physician Glen V. Ryan

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David, Middle C., Last Howard
Date of Birth: Month 2, Day 1, Year 1951
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address: Street or R. R. 450 Connie Dr., City Plainfield, County, State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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.
   n/a
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 O. Howard
   Residence of father (if deceased so state) Speedway, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mildred Lorraine Church
   Residence of mother (if deceased so state) Speedway, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David C Howard
New Address 450 CONNIE DR. PLAINFIELD IN 46168

Subscribed and sworn to before me this 28 day of Jan, 19 83

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Anne, Middle C., Last Murphy
Date of Birth: Month 5, Day 13, Year 1957
Place of Birth (State or foreign country) Paintsville, KY
Residence Address: Street or R. R. 450 Connie Dr., City Plainfield, County, State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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.
   Laura Tschiniak
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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 Paul Murphy
   Residence of father (if deceased so state) Baltimore, Maryland
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Emma Grace Dalton
   Residence of mother (if deceased so state) Baltimore, Maryland
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Anne C Murphy
New Address 450 Connie Dr Plainfield Ind

Subscribed and sworn to before me this 28 day of Jan, 19 83

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 1 day of Feb, 1983, authorizing the joining together as husband and wife David C. Howard and Anne C. Murphy

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, George Darrs hereby certify that on the 5 day of Feb one thousand nine hundred and 83 at Brownsburg, County of Hendricks State of Indiana, Groom David C. Howard of Hendricks County, State of Ind and, Bride Anne C. Murphy 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 Feb, 19 83.

Signed George W. Darrs
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of Feb, 19 83.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 28

File

1-28-83 Date of Application

MALE
Medical Examination Report Dated 1-28-83
Name of Physician Kerlin

FEMALE
Medical Examination Report Dated 1-28-83
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 Paul Middle Martin Last Beard

Date of Birth: Month July Day 19 Year 1960

Place of Birth (State or foreign country) Indpls

Residence Address: Street or R. R. R.R. 1 Box 153 City D'ville 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lloyd Martin Beard
   Residence of father (if deceased so state) Danville
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Donna Louise Oliver
   Residence of mother (if deceased so state) B'burg
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Paul M Beard

New Address R#1 153

Subscribed and sworn to before me this 28 day of January, 1983

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Beth Middle Ann Last Mayer

Date of Birth: Month Sept. Day 18 Year 1963

Place of Birth (State or foreign country) Indpls.

Residence Address: Street or R. R. 679 Hawley Drive City D'ville County Hend. State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Frederick Mayer
   Residence of father (if deceased so state) Danville
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara June Reed
   Residence of mother (if deceased so state) Danville
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Beth A. Mayer

New Address 679 Hawley Dr.

Subscribed and sworn to before me this 28 day of January, 1983.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 January, 19 83, authorizing the joining together as husband and wife Paul Martin Beard and Beth Ann Mayer

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Buddy Jehanson hereby certify that on the 29 day of Jan one thousand nine hundred and 83 at Danville, County of Hendricks State of Indiana, Groom, Paul Martin Beard of Hendricks County, State of Ind and, Bride Beth Ann Mayer 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 Jan, 19 83.

Signed Buddy Jehanson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 1 day of Feb, 19 83.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

214

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 29

File

1-28-83
Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 1-24-83
Name of Physician H. Edmund Storey, M.D.

FEMALE
Medical Examination Report Dated 1-24-83
Name of Physician H. Edmund Storey, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Donald Middle J. Last Clay
Date of Birth: Month 7 Day 18 Year 1948
Place of Birth (State or foreign country) Brooklyn, Indiana
Residence Address: Street or R. R. R.R. #1, Box 96, City Lizton, County, State In. 46149
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Linus E. Clay
   Residence of father (if deceased so state) Martinsville, Indiana
   Birthplace of father (State or foreign country) Brooklyn, Indiana
9. Full maiden name of mother Marjorie Z. Clark
   Residence of mother (if deceased so state) Martinsville, Indiana
   Birthplace of mother (State or foreign country) Brunfield, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donald J. Clay
New Address R.R. #1, Box 96, Lizton, Ind.
Subscribed and sworn to before me this 28th day of January, 19 83.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Margaret Middle L. Last Eggers
Date of Birth: Month 11 Day 7 Year 1937
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address: Street or R. R. R.R. #1, Box 96, City Lizton, County In. 46149, State
Previous Marital 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.
   Bernie Dean Eggers

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Bernie Barnes Eggers
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ozella Alice Thompson
   Residence of mother (if deceased so state) Lizton, Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Margaret L. Eggers
New Address R.R. #1, Box 96, Lizton, Ind.
Subscribed and sworn to before me this 28th day of January, 19 83.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 February, 19 83, authorizing the joining together as husband and wife Donald J. Clay and Margaret L. Eggers

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Richard Gene King hereby certify that on the 12th day of February one thousand nine hundred and eighty-three at Lizton, County of Hendricks, State of Indiana, Groom Donald J. Clay of Hendricks County, State of Indiana, and, Bride Margaret L. Eggers of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12th day of February, 1983.

Signed /s/Richard Gene King
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of February, 19 83.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 30

File

1-28-83 Date of Application

MALE
Medical Examination Report Dated 1-24-83
Name of Physician Robert A. Heavin M.D.

FEMALE
Medical Examination Report Dated 1-21-83
Name of Physician Robert A. Heavin 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 Bruce Middle lee Last Nelson

Date of Birth: Month May Day 2 Year 1961

Place of Birth (State or foreign country) INDiana

Residence Address: Street or R. R. RR1 Stilesville City Hendricks County IN State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☒
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William H. Nelson
   Residence of father (if deceased so state) Ano, IN
   Birthplace of father (State or foreign country) INDiana
9. Full maiden name of mother Betty Lou Cross
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) INDiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Bruce Nelson

New Address Box 14 STILESVILLE

Subscribed and sworn to before me this 28 day of January 1983

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Janice Middle C. Last Murray

Date of Birth: Month July Day 20 Year 1958

Place of Birth (State or foreign country) INDiana

Residence Address: Street or R. R. RR2 Box 254 City Coatesville County Hendricks State IN

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License w/Picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert D. Mussay
   Residence of father (if deceased so state) RR2 Coatesville, IN
   Birthplace of father (State or foreign country) INDiana
9. Full maiden name of mother Caroline ANNE Bridges
   Residence of mother (if deceased so state) Coatesville, IN
   Birthplace of mother (State or foreign country) INDiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Janice C. Murray

New Address BOX 14 Stilesville, Ind

Subscribed and sworn to before me this 28 day of January 1983

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 1st *day of* Feb, 19 83, *authorizing the joining together as husband and wife* Bruce Lee Nelson *and* Janice C. Murray

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Don Smelzer hereby certify that on the 5 day of Feb, one thousand nine hundred and 83 at Ano, County of Hendricks, State of Indiana, Groom Bruce Lee Nelson of Hendricks County, State of Ind, and, Bride Janice C. Murray of Putnam County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 5 day of Feb, 19 83.

Signed Don Smelzer

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 1 *day of* Feb, 19 83

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 31

File

1-31-83
Date of Application

MALE
Medical Examination Report Dated 1-26-83
Name of Physician Nichols

FEMALE
Medical Examination Report Dated 1-27-83
Name of Physician Nichols

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Forrest Middle Mask Last Smith

Date of Birth: Month October Day 9 Year 1962

Place of Birth (State or foreign country) INDiana

Residence Address: Street or R. R. 12 W. Adams City Brownsburg County Hendricks State IN

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Forrest Manual Smith
   Residence of father (if deceased so state) RR1 Box 25 Danville, IN
   Birthplace of father (State or foreign country) INDiana
9. Full maiden name of mother Shirley Ann Brock
   Residence of mother (if deceased so state) RR3 Box 186 Mosgantown IN
   Birthplace of mother (State or foreign country) INDiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Forest Mark Smith
New Address 9½ N Adams Brownsburg IN
Subscribed and sworn to before me this 31 day of January 83
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Lora Middle Kathleen Last McCafferty

Date of Birth: Month November Day 15 Year 1966

Place of Birth (State or foreign country) INDiana

Residence Address: Street or R. R. RR3 Box 192 City Danville County Hendricks State IN

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Thomas W. McCafferty
   Residence of father (if deceased so state) Danville, IN
   Birthplace of father (State or foreign country) INDiana
9. Full maiden name of mother LinDa E. Stewart
   Residence of mother (if deceased so state) Danville, IN
   Birthplace of mother (State or foreign country) Pennsylvania

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lora K. McCafferty
New Address 9½ N. Adams Brownsburg, In.
Subscribed and sworn to before me this 31 day of January 83
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Thomas W. McCafferty Father
Signed Linda E. McCafferty Mother
Subscribed and sworn to before me this 31 day of January 83
Mary Jane Russell Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 4 day of February, 19 83, authorizing the joining together as husband and wife Forest Mark Smith and Lora Kathleen McCafferty

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer hereby certify that on the 7 day of Feb one thousand nine hundred and 83 at Danville, County of Hendricks State of Indiana, Groom Forest Mark Smith of Hendricks County, State of Ind and, Bride Lora Kathleen McCafferty 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 Feb, 19 83.

Signed John C Mowrer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of Feb, 19 83.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 32

File

2-1-83 Date of Application

MALE
Medical Examination Report Dated 1-25-83
Name of Physician Neely

FEMALE
Medical Examination Report Dated 1-25-83
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 proof shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle J. Last Malberg

Date of Birth: Month 3 Day 17 Year 1949

Place of Birth (State or foreign country) Battlecreek, Mich

Residence Address: Street or R. R. P.O. Box 202 City Indpls County Marion State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Heather Dawn Malberg
   Martin Daniel Malberg
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Albert Malberg
   Residence of father (if deceased so state) Chicago Ill.
   Birthplace of father (State or foreign country) Toledo, Ohio
9. Full maiden name of mother Mary Loretta Nemire
   Residence of mother (if deceased so state) & Zephyr Hills, Fla
   Birthplace of mother (State or foreign country) Comstock Mich.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John T. Malberg

New Address Box 202 Indianapolis Ind 46206

Subscribed and sworn to before me this 1 day of Feb. 1983

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Patricia Middle F. Last Phillips Siddons

Date of Birth: Month 8 Day 27 Year 1949

Place of Birth (State or foreign country) Whitesburg, Pa

Residence Address: Street or R. R. Box 478 City B'burg County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Driver's License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Edward Phillips, Jr.
   Residence of father (if deceased so state) Greenwood Ind.
   Birthplace of father (State or foreign country) Pennsylvania
9. Full maiden name of mother Maxine Charlotte McCarty
   Residence of mother (if deceased so state) Greenwood, Ind.
   Birthplace of mother (State or foreign country) Pennsylvania

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Patricia F. Siddons

New Address P.O. Box 478, Greencastle Ind 46135

Subscribed and sworn to before me this 1 day of Feb. 1983

Mary Jane Russell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10th day of Feb, 1983, authorizing the joining together as husband and wife John T. Malberg and Patricia F. Siddons

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Ronald J. Humes hereby certify that on the 19th day of February, one thousand nine hundred and eighty-three at Cartersburg, County of Hendricks, State of Indiana, Groom John T. Malberg of Marion County, State of Indiana, and, Bride Patricia F. Siddons 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 19th day of February, 19 83.

Signed /s/Rev. Ronald J. Humes

Official Designation Pastor, Cartersburg Comm. Church

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of February, 19 83

Signed ..... Clerk

HENDRICKS Circuit Court

No. 33

File

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

2-2-83
Date of Application

MALE
Medical Examination Report Dated 1-29-83
Name of Physician Leonard L. Boral, M.D.

FEMALE
Medical Examination Report Dated 12-21-82
Name of Physician Vickie Wippermann, 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 Darrel Middle W. Last Shugars

Date of Birth: Month 11 Day 21 Year 1961

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. 218 W. Carter St., City Plainfield, County Ha. State 46168

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Amanda Lynn Shugars
   Darrel W. Shugars, Jr.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Wilbur Shugars
   Residence of father (if deceased so state) Duncastle, Pa.
   Birthplace of father (State or foreign country) Johnstown, Pennsylvania
9. Full maiden name of mother Betty Jane Shear
   Residence of mother (if deceased so state) Duncastle, Pa.
   Birthplace of mother (State or foreign country) Pennsylvania

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Darrel W Shugars

New Address 218 W Carter St Plainfield Ind

Subscribed and sworn to before me this 2nd day of February, 19 83

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Anita Middle Kay Last Summerlot

Date of Birth: Month 12 Day 25 Year 1962

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 325 West Morris St., City Plainfield, County Ha. State 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Sylvester Summerlot
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Iris Kathleen Carter
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Anita Kay Summerlot

New Address 218 W. Carter St. Plainfield, In. 46168

Subscribed and sworn to before me this 2nd day of February, 19 83

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 February, 19 83, authorizing the joining together as husband and wife David W Shugars and Anita Kay Summerlot

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Howard W Beer hereby certify that on the 11th day of February, one thousand nine hundred and 83 at Indianapolis, County of Marion, State of Indiana, Groom Darrel W Shugars of Plainfield, County, State of Hendricks, and, Bride Anita Kay Summerlot of Plainfield, County, State of Hendricks, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of February, 19 83.

Signed.....

Official Designation.....

Filed and recorded in accordance with the laws of the State of Indiana this 14th day of February, 19 83

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 34

File

Feb. 3 1983
Date of Application

MALE
Medical Examination Report Dated 1-21-83
Name of Physician James Black

FEMALE
Medical Examination Report Dated 1-21-83
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Johnathon Middle Scott Last Fiscus

Date of Birth: Month Jan. Day 3 Year 1964

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 9162 W. 30th City Clermont County Marion State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Danny D. Fiscus
   Residence of father (if deceased so state) Clermont, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Joyce Rawse
   Residence of mother (if deceased so state) Clermont, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John Fiscus

New Address 9162 W. 30th St.

Subscribed and sworn to before me this 3 day of Feb, 19 83

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Shelly Middle Diane Last Vaughn

Date of Birth: Month Feb. Day 18 Year 1965

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. Rt 18 Box 342C City Lapel County Madi. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 M. Vaughn
   Residence of father (if deceased so state) Clermont, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Mary Ann Pendygraft
   Residence of mother (if deceased so state) Rt 18 Lapel.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Shelly Vaughn

New Address 9162 W. 30th

Subscribed and sworn to before me this 3 day of Feb, 19 83

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary Mother has custody

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed Mary Ann Vaughn Mother

Subscribed and sworn to before me this 3 day of Feb, 19 83

Mary Jane Russell Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 9 day of Feb, 19 83, authorizing the joining together as husband and wife Johnathon Scott Fiscus and Shelly Diane Vaughn

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Douglas A. Litsey hereby certify that on the 19th day of February, one thousand nine hundred and eighty-three at Indianapolis, County of Marion, State of Indiana, Groom Johnathon Scott Fiscus of Marion County, State of Indiana, and, Bride Shelly Diane Vaughn 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 19th day of February, 19 83.

Signed /s/Douglas A. Litsey

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of February, 19 83

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 35

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File 2-4-83 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 2-2-83
Name of Physician J. Black

FEMALE
Medical Examination Report Dated 2-2-83
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 Bradley Middle Allen Last Shelton
Date of Birth: Month Sept Day 14 Year 1958
Place of Birth (State or foreign country) Lundsthul, Germany
Residence Address: Street or R. R. RR1 Box 123 City North Salem County Hend State Ind
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) 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.
   Heather Marie Shelton 5
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Edward Allen Shelton
   Residence of father (if deceased so state) North Salem, Ind
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Delores Marie Long
   Residence of mother (if deceased so state) North Salem, Ind
   Birthplace of mother (State or foreign country) Iowa

State of Indiana, County of HENDRICKS } ss:
I depose and state the information given in this application is true and correct.
Signed Bradley Allen Shelton
New Address 1003 Apt 4 Valley View Dr. Plainfield Ind
Subscribed and sworn to before me this 4 day of Feb, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Anna Middle Maria Last Storm
Date of Birth: Month Dec Day 30 Year 1958
Place of Birth (State or foreign country) Lebanon, In
Residence Address: Street or R. R. RR#1 Box 109 City Lizton County Hend State Ind
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers Lic w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Joseph Storm
   Residence of father (if deceased so state) Lizton, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Concetta C. Cornio
   Residence of mother (if deceased so state) Lizton, In
   Birthplace of mother (State or foreign country) Naples, Italy

State of Indiana, County of HENDRICKS } ss:
I depose and state the information given in this application is true and correct.
Signed Anna M. Storm
New Address 1003 Apt 4 Valley View Dr. Plainfield, IN 46168
Subscribed and sworn to before me this 4 day of Feb, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this .....day of....., 19.....
.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11th day of Feb, 19 83, authorizing the joining together as husband and wife Bradley Allen Shelton and Anna Marie Storm

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, G Richard Gene King hereby certify that on the 12th day of February one thousand nine hundred and eighty-three at North Salem, County of Hendricks State of Indiana, Groom Bradley Allen Shelton of Hendricks County, State of Indiana and, Bride Anna Marie Storm of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12th day of February, 19 83.

Signed /s/Richard Gene King
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28th day of February, 19 83.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Re - Marriage

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 36

File

2-4-83 Date of Application

MALE
Medical Examination Report Dated 1-30-83
Name of Physician J. Kerlin

FEMALE
Medical Examination Report Dated 1-30-83
Name of Physician J. Kerlin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Melvin Middle E. Last Williamson

Date of Birth: Month June Day 30 Year 1960

Place of Birth (State or foreign country) Boone Co. Ind

Residence Address: Street or R. R. 655 S. Cross City Danville County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers Lic w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Esther Williamson 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 Cecil Williamson
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ind
9. Full maiden name of mother Opal Wall
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Melvin E. Williamson
New Address 655 S Cross

Subscribed and sworn to before me this 4 day of Feb, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Mary Middle N. Last Williamson

Date of Birth: Month Oct Day 28 Year 1928

Place of Birth (State or foreign country) Bridgeport, In

Residence Address: Street or R. R. 655 S. Cross City Danville County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers Lic / 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.
   Some
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 DeBlois
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ind
9. Full maiden name of mother Esther Potter
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mary N. Williamson
New Address 655 S. Cross St.

Subscribed and sworn to before me this 4 day of Feb, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....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 10th day of February, 19 83, authorizing the joining together as husband and wife Melvin E. Williamson and Mary N. Williamson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Stanley A. Johnson hereby certify that on the 11 day of February, one thousand nine hundred and eighty three at Danville, County of Hendricks, State of Indiana, Groom Melvin E. Williamson of Hendricks County, State of Indiana, and, Bride Mary N. Williamson 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 February, 19 83.

Signed Stanley A. Johnson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of February, 19 83.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

222

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 37

File

2-4-83 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 1-21-83
Name of Physician Terry Mandel

FEMALE
Medical Examination Report Dated 1-21-83
Name of Physician Terry Mandel

ALL QUESTIONS MUST BE ANSWERED I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)"

MALE APPLICANT

Name: First Edward Middle L. Last Smith

Date of Birth: Month 3 Day 22 Year 1946

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR #1, Box 321 City Pittsboro County Hendricks State In. 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles W. Smith
   Residence of father (if deceased so state) Pittsboro, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mildred Madine Byrkett
   Residence of mother (if deceased so state) Pittsboro, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Edward Lee Smith

New Address

Subscribed and sworn to before me this 11 day of Feb, 1983

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Cynthia Middle Last Peterson

Date of Birth: Month 2 Day 16 Year 1954

Place of Birth (State or foreign country) New York

Residence Address: Street or R. R. 9 Timberbar Court City Danville County Hendricks State In. 46122

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Otto Henry Peterson Jr
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) New York
9. Full maiden name of mother Deborah Audrah Johnson
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) New York

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Cynthia Peterson

New Address R. R. #1, Box 321, Pittsboro

Subscribed and sworn to before me this 4th day of February, 1983

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11 day of Feb, 1983, authorizing the joining together as husband and wife Edward L Smith and Cynthia Peterson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Don D. Hastings hereby certify that on the 19th day of February one thousand nine hundred and eighty=three at Danville, County of Hendricks State of Indiana, Groom Edward L. Smith of Hendricks County, State of Indiana, and, Bride Cynthia Peterson 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 19th day of February, 1983.

Signed /s/Don D. Hastings

Official Designation Clergy, Prentice Presbyterian Church

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of February, 1983

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 38

File

2-4-83 Date of Application

MALE
Medical Examination Report Dated 1-31-83
Name of Physician J. Trammell

FEMALE
Medical Examination Report Dated 2-1-83
Name of Physician J. Trammell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Matthew Middle A. Last Pearcy

Date of Birth: Month April Day 19 Year 1958

Place of Birth (State or foreign country) Indianapolis, In

Residence Address: Street or R. R. 3603 S Clarks Creek Rd City Indianapolis County State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers Lic w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James P. Pearcy
   Residence of father (if deceased so state) Indianapolis, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Kathleen A. Ciss
   Residence of mother (if deceased so state) Indianapolis, In
   Birthplace of mother (State or foreign country) Ind!

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Matthew A. Pearcy

New Address 3603 S. Clarks Crk Rd.

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Drusilla Middle Last Cox

Date of Birth: Month July Day 7 Year 1959

Place of Birth (State or foreign country) Greencastle, In

Residence Address: Street or R. R. 11435 Maple Ln City Indianapolis County State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 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 Darrell W. Cox
   Residence of father (if deceased so state) Indianapolis, In
   Birthplace of father (State or foreign country) Cal.
9. Full maiden name of mother Patricia L. Hammond
   Residence of mother (if deceased so state) Indianapolis, In
   Birthplace of mother (State or foreign country) Ind!

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Drusilla Cox

New Address 3603 S. Clarks Creek Rd

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10 day of Feb, 19 83, authorizing the joining together as husband and wife Matthew A. Pearcy and Drusilla Cox

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Darrell W. Cox hereby certify that on the 19 day of February, one thousand nine hundred and Eighty-three at Maple Grove Church, County of Hendricks, State of Indiana, Groom Matthew A. Pearcy of Hendricks County, State of Indiana, and, Bride Drusilla Cox of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 19 day of February, 19 83.

Signed Darrell W. Cox

Official Designation Pastor, Maple Grove Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of February, 19 83.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Re-MARRIAGE

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 39

File

2-7-83 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 1-21-83
Name of Physician Deammell

FEMALE
Medical Examination Report Dated 1-31-83
Name of Physician Pollum

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Charles Middle E. Last Waltman
Date of Birth: Month 10 Day 5 Year 1923
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R. R. 6625 Wilshire Addition City Indpls County Marion State Indpls
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) 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 Walter Fremont Waltman
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mingle Marie Dorsett
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Charles E. Waltman
New Address Plainfield In.

Subscribed and sworn to before me this 7 day of Feb, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Ethel Middle J Robinson Last Waltman
Date of Birth: Month 1 Day 10 Year 23
Place of Birth (State or foreign country) Putnam Co.
Residence Address: Street or R. R. 1428 Pierce Dr City Plfd County Hend State Ind
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ceal Jay Robinson
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Putnam Co. Ind.
9. Full maiden name of mother Edna Gladys Reed
   Residence of mother (if deceased so state) Putnam Co. Ind.
   Birthplace of mother (State or foreign country) Putnam Co. Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Ethel J Waltman
New Address.....

Subscribed and sworn to before me this 7 day of Feb, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 February, 1983, 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, Dewey Thackston hereby certify that on the 26 day of February, one thousand nine hundred and Eighty-Three at Plainfield, County of Hendricks, State of Indiana, Groom Charles E Waltman of Marion County, State of Indiana, and, Bride Ethel J Waltman of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 26 day of February, 1983.

Signed Dewey E. Thackston
Official Designation Minister of the Gospel

Filed and recorded in accordance with the laws of the State of Indiana this 8 day of March, 1983.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 40

File

2-7-83 Date of Application

MALE
Medical Examination Report Dated 1-28-83
Name of Physician Dill

FEMALE
Medical Examination Report Dated 1-28-83
Name of Physician Dill

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Louis Middle Edward Last Kelley

Date of Birth: Month 4 Day 1 Year 1928

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: Street or R. R. 501 Blossom Dr. City Pfld. County Hend State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Joseph Kelley
   Residence of father (if deceased so state) Indpls Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Florence Mildred Hanson
   Residence of mother (if deceased so state) Indpls Ind.
   Birthplace of mother (State or foreign country) Lima, Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed + Louis E. Kelley

New Address same

Subscribed and sworn to before me this 7 day of Feb, 19 83

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Ruth Middle Clyde Carlton Last Cheek

Date of Birth: Month 3 Day 31 Year 1926

Place of Birth (State or foreign country) Dallas Texas

Residence Address: Street or R. R. 501 Blossom Dr. City Pfld. County Hend State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Pearl Walter Carlton
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elizabeth Ben Meek
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed + Ruth C Cheek

New Address same

Subscribed and sworn to before me this 7 day of Feb, 19 83

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of.....19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of.....19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 14th *day of* February, 19 83, *authorizing the joining together as husband and wife* Louis E. Kelley *and* Ruth C. Cheek

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Louie B. Cain, Jr. *hereby certify that on the* 14th *day of* February, one thousand nine hundred and eighty-three *at* Indianapolis, *County of* Marion, State of Indiana, Groom Louis E. Kelley *of* Hendricks *County, State of* Indiana, and, Bride Ruth C. Cheek *of* Hendricks *County, State of* Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of February, 19 83.

Signed /s/Louie B Cain, Jr.

Official Designation Minister, St. Lukes U.M.C.

Filed and recorded in accordance with the laws of the State of Indiana this 17th *day of* February, 1983.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 41

File

2-8-83
Date of Application

MALE
Medical Examination Report Dated 1-25-83
Name of Physician Cohen

FEMALE
Medical Examination Report Dated 1-25-83
Name of Physician Cohen

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Martin Middle N. Last May

Date of Birth: Month June Day 2 Year 1959

Place of Birth (State or foreign country) Tell City IN

Residence Address: Street or R. R. 617 S. EAST St., City Plainfield County Hendricks State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License w/ picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joseph Glenn May
   Residence of father (if deceased so state) Tell City, IN
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Margaret W. Coyle
   Residence of mother (if deceased so state) Tell City, IN
   Birthplace of mother (State or foreign country) Canneltow, IN

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Martin N. May
New Address 617 Southeast St. Plainfield, IN 46168
Subscribed and sworn to before me this 8 day of February, 83
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Kristin Middle P. Last VanDemark

Date of Birth: Month May Day 9 Year 1960

Place of Birth (State or foreign country) Indianapolis, IN

Residence Address: Street or R. R. 617 S. EAST St., City Plainfield County Hendricks State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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 Hugh Douglas VanDemark
   Residence of father (if deceased so state) Plainfield, IN
   Birthplace of father (State or foreign country) Connecticut
9. Full maiden name of mother Carolyn Abby Polk
   Residence of mother (if deceased so state) Plainfield, IN
   Birthplace of mother (State or foreign country) IN

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kristin VanDemark
New Address 617 S. East St., Plainfield, IN
Subscribed and sworn to before me this 8 day of February, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Feb, 19 83, authorizing the joining together as husband and wife Martin Neal May and Kristin Polk Van Demark

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Larry McMahan hereby certify that on the 19th day of February, one thousand nine hundred and eighty-three at Plainfield, County of Marion, State of Indiana, Groom Martin Neal May of Perry County, State of Indiana, and, Bride Kristin Polk VanDemark of Hendricks County, State 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 19 day of February, 19 83.

Signed /s/ Larry McMahan
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of February, 19 83.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 42

File

February 9, 1983
Date of Application

MALE
Medical Examination Report Dated 2-2-83
Name of Physician Robert K. Stuckey D.O.

FEMALE
Medical Examination Report Dated 2-2-83
Name of Physician Robert K Stuckey D.O.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle W. Last Britton

Date of Birth: Month July Day 1 Year 1961

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. RR 2 Box 250 City Camby County Putnam State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☒
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Terry Lawson Britton
   Residence of father (if deceased so state) Camby Ind
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Christopher Ellen Jane Richardson
   Residence of mother (if deceased so state) Camby Ind
   Birthplace of mother (State or foreign country) Missouri

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David W. Britton

New Address 5822 Bellingham Terrace apt #82

Subscribed and sworn to before me this 9 day of Feb, 83

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Teresa Middle D. Last Pearson

Date of Birth: Month August Day 21 Year 1963

Place of Birth (State or foreign country) Linton

Residence Address: Street or R. R. RR #1 Box 281-0 City Camby County Greene State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Emory Pearson
   Residence of father (if deceased so state) Camby Ind
   Birthplace of father (State or foreign country) Greene Co. Ind.
9. Full maiden name of mother Judith Ann Scott
   Residence of mother (if deceased so state) Camby Ind
   Birthplace of mother (State or foreign country) Greene Co. Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Teresa D Pearson

New Address 5822 Bellingham Terrace Apt #82

Subscribed and sworn to before me this 9 day of Feb, 83

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior #2 Court by written order issued 3 day waiver and filed in Clerks authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 9th day of Feb., 19 83, authorizing the joining together as husband and wife David W. Britton and Teresa D. Pearson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Robert Felton Carter hereby certify that on the 13th day of February, one thousand nine hundred and eighty-three at Camby, County of Hendricks, State of Indiana, Groom David Wayne Britton of Hendricks County, State of Indiana, and, Bride Teresa Dawn Pearson 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 13th day of February, 19 83.

Signed /s/Robert Felton Carter

Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 16th day of February, 19 83.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 43

File

2-9-83
Date of Application

MALE
Medical Examination Report Dated 2-5-83
Name of Physician D. Haggard

FEMALE
Medical Examination Report Dated 2-5-83
Name of Physician D. Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Renos, Middle H., Last Johnson
Date of Birth: Month April, Day 29, Year 1918
Place of Birth (State or foreign country) Spencer, Ind.
Residence Address: Street or R. R. 410 Washington St., City Clay City, County Clay, State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Hatton Johnson
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Viola Norris
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Renos H. Johnson
New Address 410 Washington St. Clay City Ind.
Subscribed and sworn to before me this 9 day of Feb., 1983.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

FEMALE APPLICANT

Name: First Loretta, Middle M., Last Berlin
Date of Birth: Month June, Day 5, Year 1924
Place of Birth (State or foreign country) Putnam Co. Ind (Greencastle)
Residence Address: Street or R. R. 1407 Dallas Dr., City Plainfield, County Hend., State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Henry White
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Stella Bell Black
   Residence of mother (if deceased so state) Plainfield, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Loretta M Berlin
New Address 410 Washington St.
Subscribed and sworn to before me this 9 day of Feb 83
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14th day of February, 19 83, authorizing the joining together as husband and wife Renos H. Johnson and Loretta M. Berlin

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. John L. Crose hereby certify that on the 14th day of February one thousand nine hundred and eighty-three at Plainfield, County of Hendricks, State of Indiana, Groom Renos H. Johnson of Clay County, State of Indiana, and, Bride Loretta M. Berlin of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of February, 19 83.

Signed /s/Rev. John L. Crose
Official Designation Ordained Minister

Filed and recorded in accordance with the laws of the State of Indiana this 16th day of February, 19 83.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 44

File

2-9-83 Date of Application

MALE
Medical Examination Report Dated 1-16-83
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 1-16-83
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 Randy Middle Allen Last Wood

Date of Birth: Month March Day 15 Year 1963

Place of Birth (State or foreign country) Danville

Residence Address: Street or R. R. 281 N. East St. City Plfld County Hend. State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Marvin Welty Wood
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Edna Mae Raney
   Residence of mother (if deceased so state) Plfld.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Randy alan Wood
New Address 11315 Wash St #10

Subscribed and sworn to before me this 9 day of Feb., 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of ..... } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Sandra Middle Lee Last Leonard

Date of Birth: Month May Day 29 Year 1961

Place of Birth (State or foreign country) New York

Residence Address: Street or R. R. 11315 W. Wash. St. # 10 City Indpls. County Hend State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Arthur L. Leonard
   Residence of father (if deceased so state) Watertown N.Y.
   Birthplace of father (State or foreign country) N.Y.
9. Full maiden name of mother Theresa Margaret Desjely
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) N.Y.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Sandra L Leonard
New Address 11315 W Wash. St #10

Subscribed and sworn to before me this 9 day of Feb, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14 day of Feb 1983, authorizing the joining together as husband and wife Randy Allen Wood and Sandra Lee Leonard

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Patricia L. Western hereby certify that on the 5th day of March one thousand nine hundred and eighty-three at Brownsburg, County of Hendricks, State of Indiana, Groom Randy Allen Wood of Hendricks County, State of Indiana, and, Bride Sandra Lee Leonard of Jefferson County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 5th day of March, 1983.

Signed /s/Rev. Patricia L. Western
Official Designation Minister, Evangelical Church Alliance

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of March, 1983

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

230

No. 45

File

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

2-10-83 Date of Application

MALE
Medical Examination Report Dated 2-8-83
Name of Physician Diana M. Hadley

FEMALE
Medical Examination Report Dated 2-8-83
Name of Physician Diana M. Hadley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Darrell Middle W. Last Tyler
Date of Birth: Month 12 Day 17 Year 1959
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R. R. East St. Louis, City Country Village, Apt #32, Clayton, County In. State 46118
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Illinois License w/ Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children. Aleasha D. Tyler
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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. Tyler
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Murphysborough, Illinois
9. Full maiden name of mother Betty J. Wright
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Darrell W Tyler
New Address County Village Apt 32 Clayton In.

Subscribed and sworn to before me this 10th day of February, 19 83
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Mary Middle S. Last Green
Date of Birth: Month 12 Day 21 Year 1962
Place of Birth (State or foreign country) Danville, In.
Residence Address: Street or R. R. 3417 South Smith Rd., City Indianapolis, County In. State 46231
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Fred Eugene Green
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Cleveland, Tennessee
9. Full maiden name of mother Mary Louise McAlister
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Cleveland, Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mary S Green
New Address Country Village Apt 32 Clayton In.

Subscribed and sworn to before me this 10th day of February, 19 83
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 15th day of Feb., 19 83, authorizing the joining together as husband and wife Darrell W. Tyler and Mary S. Green

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Richard W. Fox hereby certify that on the 19th day of February one thousand nine hundred and eighty-three at Plainfield, County of Hendricks State of Indiana, Groom Darrell W. Tyler of Hendricks County, State of Indiana, and, Bride Mary S. Green 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 19th day of February, 19 83.

Signed /s/Richard W. Fox, Pastor
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of February, 19 83

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 46

File

2-11-83 Date of Application

MALE
Medical Examination Report Dated 2-3-83
Name of Physician Samuelson

FEMALE
Medical Examination Report Dated 2-3-83
Name of Physician Samuelson

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Fred Middle L. Last Hague

Date of Birth: Month July Day 28 Year 1931

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR 1 Box 98P City Pittsboro County Hendricks State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☑

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Driver's License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harold F. Hague
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Emma E. Hearne
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Fred L. Hague

New Address RR 1 Box 98 Pittsboro IND

Subscribed and sworn to before me this 11 day of February 1983

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Margaret Middle G. Last Walker

Date of Birth: Month November Day 9 Year 1920

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1708 E. 42nd City Indianapolis County Marion State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☑

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Driver's Lic. w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Glenn F. Mutz
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Margaret M. Cummings
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Margaret G. Walker

New Address 1708 E 42nd St Indpls Ind.

Subscribed and sworn to before me this 11 day of February 1983

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* February, 19 83, *authorizing the joining together as husband and wife* Fred L. Hague and Margaret G. Walker

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Lynda F. Huppert hereby certify that on the 18th day of March, one thousand nine hundred and eighty-three at Indianapolis, County of Marion, State of Indiana, Groom Fred L. Hague of Hendricks County, State of Indiana, and, Bride Margaret G. Walker of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 18th day of March, 19 83.

Signed /s/Lynda F. Huppert

Official Designation Marion County Small Claims Court Judge

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of March, 19 83.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 47

File

2-11-83
Date of Application

MALE
Medical Examination Report Dated 2-9-83
Name of Physician Benson

FEMALE
Medical Examination Report Dated 2-9-83
Name of Physician Benson

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First William Middle Boyd Last Land

Date of Birth: Month May Day 10 Year 1947

Place of Birth (State or foreign country) Virginia

Residence Address: Street or R. R. 405 W. Main City Plainfield County Hendricks State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☑ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Claudis McKinley LAND
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Maxine Howard
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William Boyd Land
New Address 405 W. Main Plainfield Ind.

Subscribed and sworn to before me this 11 day of February 83.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Barbara Middle Ellen Last ADAMS

Date of Birth: Month January Day 25 Year 1954

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 405 W. Main City Plainfield County Hendricks State IN

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☑
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father UNKNOWN
   Residence of father (if deceased so state)
   Birthplace of father (State or foreign country)
9. Full maiden name of mother Patricia JOAN ADAMS
   Residence of mother (if deceased so state) Indianapolis, IN
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Barbara Adams
New Address 405 W. Main Plainfield

Subscribed and sworn to before me this 11 day of February 83

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 15 day of February, 19 83, authorizing the joining together as husband and wife William Boyd Lane and Barbara Ellen Adams

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Grace Lawless hereby certify that on the 27th day of February one thousand nine hundred and eighty-three at Plainfield, County of Hendricks, State of Indiana, Groom William Boyd Lane of Hendricks County, State of Indiana, and, Bride Barbara Ellen Adams of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 27th day of February, 19 83.

Signed /s/Grace M. Lawless

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of March, 19 83

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 48

File

2-11-83 Date of Application

MALE
Medical Examination Report Dated 2-7-83
Name of Physician G. Scudder

FEMALE
Medical Examination Report Dated 2-7-83
Name of Physician G. Scudder

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle L. Last Price, Jr

Date of Birth: Month Nov Day 11 Year 1955

Place of Birth (State or foreign country) Indianapolis, In

Residence Address: Street or R. R. 527 E Bacon St. City Indianapolis County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers Lic W/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   James Luther Price 5
   Raymond Michael Price 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 James L. Price Sr
   Residence of father (if deceased so state) Indianapolis, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Jean McKinsey
   Residence of mother (if deceased so state) Indianapolis, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James L Price Jr

New Address

Subscribed and sworn to before me this 11 day of Feb, 1983

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Rebecca Middle J. Last Riley

Date of Birth: Month August Day 19 Year 1960

Place of Birth (State or foreign country) Indianapolis, In

Residence Address: Street or R. R. RR 18 Box 343 City Indianapolis County In State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 J. Riley Jr
   Residence of father (if deceased so state) Indianapolis, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara J. Clark
   Residence of mother (if deceased so state) Indianapolis In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rebecca J. Riley

New Address 527 E. BACON

Subscribed and sworn to before me this 11 day of Feb, 1983

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 16th day of February, 1983, authorizing the joining together as husband and wife James L. Price, Jr. and Rebecca J. Riley

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Frank E. Knight hereby certify that on the 19th day of February, one thousand nine hundred and eighty-three at Mooresville, County of Morgan, State of Indiana, Groom James Luther Price, Jr. of Hendricks County, State of Indiana, and, Bride Rebecca Jo Riley 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 19th day of February, 1983.

Signed /s/Frank E. Knight

Official Designation Mooresville Town Judge

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of February, 1983

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 49

File

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

2-14-83
Date of Application

MALE
Medical Examination Report Dated 2-10-83
Name of Physician Benson

FEMALE
Medical Examination Report Dated 2-10-83
Name of Physician Benson

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Richard Middle Ray Last Fowler

Date of Birth: Month April Day 6 Year 1944

Place of Birth (State or foreign country) Indpls.

Residence Address: Street or R. R. 115 Parthenia City B'burg County Hend State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) drivers 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 Leslie Ray Fowler
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indpls.
9. Full maiden name of mother Evelyn Emich Newby
   Residence of mother (if deceased so state) Indpls.
   Birthplace of mother (State or foreign country) Indpls

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Richard Fowler
New Address 115 Parthenia B'burg.

Subscribed and sworn to before me this 14 day of Feb. 19 83

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Lynda Middle Jane Last Blake

Date of Birth: Month March Day 22 Year 1950

Place of Birth (State or foreign country) Indpls.

Residence Address: Street or R. R. 1829 N. Goodet St. City Indpls. County Marion State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) drivers 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.
   Tammy
   Jamie
   Brett
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Wilson Baldwin
   Residence of father (if deceased so state) Indpls.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Norma Vira Reveal
   Residence of mother (if deceased so state) Indpls.
   Birthplace of mother (State or foreign country) Indpls.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Lynda Jane Blake
New Address 1829 N. Goodet ave.

Subscribed and sworn to before me this 14th day of Feb 83

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14 day of Feb. 19 83, authorizing the joining together as husband and wife Richard Ray Fowler and Lynda Jane Blake

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Charlotte R. Kemnitz hereby certify that on the 14th day of February one thousand nine hundred and eighty-three at Indianapolis, County of Marion, State of Indiana, Groom Richard Ray Fowler of Marion County, State of Indiana, and, Bride Lynda Jane Blake of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of February, 19 83.

Signed /s/Charlotte R. Kemnitz
Official Designation Judge, Marion County Court

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of February, 19 83

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 50

File

2-14-83 Date of Application

MALE
Medical Examination Report Dated 2-02-83
Name of Physician Irving Cohen M.D.

FEMALE
Medical Examination Report Dated 2-8-83
Name of Physician Irving Cohen M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Todd Middle C. Last Rogers

Date of Birth: Month 11 Day 25 Year 1962

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 204 Kentucky City Plainfield County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 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 W. Rogers
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Margie Burton
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Todd C Rogers
New Address SAME

Subscribed and sworn to before me this 14th day of Feb, 19 83
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Melissa Middle Last Keeton

Date of Birth: Month 11 Day 25 Year 1962

Place of Birth (State or foreign country) Clayton Ky.

Residence Address: Street or R. R. 204 Kentucky, City Pfld. County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John W. Keeton
   Residence of father (if deceased so state) Clayton, In
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Elisa J. Dean
   Residence of mother (if deceased so state) Clayton, In.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Melissa Keeton
New Address 204 Kentucky - Pfld.

Subscribed and sworn to before me this 14th day of ....., 19.....
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 February, 19 83 authorizing the joining together as husband and wife Todd C. Rogers and Melissa Keeton

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Ronald D. Riley hereby certify that on the 19th day of February, one thousand nine hundred and eighty=three at Mooresville, County of Morgan, State of Indiana, Groom Todd C. Rogers of Hendricks County, State of Indiana, and, Bride Melissa F. Keeton 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 19th day of February, 19 83

Signed /s/Rev. Ronald D. Riley

Official Designation Babtist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28th day of February, 19 83

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-8-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 51

File

2-14-83
Date of Application

MALE
Medical Examination Report Dated 2-4-83
Name of Physician James Black, M.D.

FEMALE
Medical Examination Report Dated 2-4-83
Name of Physician James Black, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)"

MALE APPLICANT

Name: First Britt Middle K. Last Quisenberry

Date of Birth: Month A Day 9 Year 1962

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 2305 E 235 N. City Brownsburg County In. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Adverse Income

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Ivan Quisenberry
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sandra Kay Wysong
   Residence of mother (if deceased so state) Brownsburg In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Britt K. Quisenberry

New Address 83 OAKHURST TP

Subscribed and sworn to before me this 14th day of FEB, 1983

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Judith Middle E. Last Hughes

Date of Birth: Month June Day 13 Year 1964

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 119 Oakhurst City Brownsburg County In. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lawrence Lloyd Hughes
   Residence of father (if deceased so state) Clermont, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mabel Margaret Anson
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Judith E. Hughes

New Address 83 Oakhurst

Subscribed and sworn to before me this 14 day of Feb. 19 83

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 18 day of Feb., 1983, authorizing the joining together as husband and wife Britt K. Quisenberry and Judith E. Hughes

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mourer hereby certify that on the 18 day of Feb. one thousand nine hundred and eighty-three at Danville, County of Hendricks State of Indiana, Groom Britt K. Quisenberry of Hendricks County, State of Indiana and, Bride Judith E. Hughes 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 18 day of February, 1983.

Signed John C. Mourer

Official Designation Judge, Superior Court II

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of Feb., 1983

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 52

File

2-15-83 Date of Application

MALE
Medical Examination Report Dated 2-8-83
Name of Physician Tramell

FEMALE
Medical Examination Report Dated 2-9-83
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: First Kenneth Middle Kay Last Simpson

Date of Birth: Month Jan Day 2 Year 1945

Place of Birth (State or foreign country) Louisville

Residence Address: Street or R. R. 3841 Six Points Rd. City Indpls. County Hend State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 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.
   Jremiah
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lindsay Ellis Simpson
   Residence of father (if deceased so state) Greenwood
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Mary Lucille McDonald
   Residence of mother (if deceased so state) Greenwood
   Birthplace of mother (State or foreign country) Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kenneth Ray Simpson

New Address 3841 Six points rd. Indpls, In.

Subscribed and sworn to before me this 15 day of Feb. 19 83

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Debra Middle Kaye Last May

Date of Birth: Month July Day 11 Year 1953

Place of Birth (State or foreign country) Marion County

Residence Address: Street or R. R. 3841 Six Points Rd. City Indpls County Hend State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) drivers lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Edward B. Estes
   Residence of father (if deceased so state) Plfld.
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Patricia Ann Longmire
   Residence of mother (if deceased so state) Plfld.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Debra Kaye May

New Address 3841 Six Points Rd. Indpls., In.

Subscribed and sworn to before me this 15 day of Feb 19 83

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Feb, 19 83, 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, Richard M. Malad hereby certify that on the 25 day of February, one thousand nine hundred and Eighty Three at Hendricks, County of Hendricks State of Indiana, Groom Kenneth Kay Simpson of Hendricks County, State of Indiana, and, Bride Debra Kaye May 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 February, 19 83.

Signed Richard M. Malad

Official Designation Judge Pro-Tem

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of March, 19 83

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 53

File

Feb. 17 1983
Date of Application

MALE
Medical Examination Report Dated 2-12-83
Name of Physician Irving Cohen, MD.

FEMALE
Medical Examination Report Dated 2-12-83
Name of Physician Irving Cohen, MD.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Mark Middle C. Last Allen
Date of Birth: Month October Day 5 Year 1959
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 1947 W. Main City Plainfield County Hend. State Ind.

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Driver License (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Edward Allen
   Residence of father (if deceased so state) Plainfield Ind.
   Birthplace of father (State or foreign country) North Carolina
9. Full maiden name of mother Ruth Deane Taylor
   Residence of mother (if deceased so state) Plainfield Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mark C. Allen
New Address 1605 W. MAIN PLAINFIELD IN.
Subscribed and sworn to before me this 17 day of Feb, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Kelly Middle L. Last Mundy
Date of Birth: Month August Day 11 Year 1964
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 9691 Ramona City Mt. County Hendricks State Ind.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Norman Ralph Mundy
   Residence of father (if deceased so state) Indpls. In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sharon Mae Kinsey
   Residence of mother (if deceased so state) Indpls. In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kelly L Mundy
New Address 605 W Main Plainfield IN
Subscribed and sworn to before me this 17 day of Feb, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 22nd day of Feb, 19 83, authorizing the joining together as husband and wife Mark. C. Allen and Kelly L. Mundy
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Ron Hallock hereby certify that on the 26th day of February one thousand nine hundred and eighty-three at Plainfield, County of Hendricks, State of Indiana, Groom Mark C. Allen of Hendricks County, State of Indiana, and, Bride Kelly L. Mundy of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 26th day of February, 19 83.

Signed /s/Ron Hallock
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28th day of February, 19 83
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 54

File

2-17-83 Date of Application

MALE
Medical Examination Report Dated 2-11-83
Name of Physician Kerlin

FEMALE
Medical Examination Report Dated 2-11-83
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 Robert Middle Eugene Last Ballard

Date of Birth: Month Dec. Day 10 Year 1963

Place of Birth (State or foreign country) Indpls

Residence Address: Street or R. R. P.O. Box 32 City Lizton County Hend State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert E. Ballard
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indpls.
9. Full maiden name of mother Dorothy J. Ballard-unknown maiden name
   Residence of mother (if deceased so state) unknown
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Robert Eugene Ballard Jr.

New Address P.O. Box 32 Lizton

Subscribed and sworn to before me this 17 day of Feb, 19 83

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of.....19.....

.....Clerk

FEMALE APPLICANT

Name: First Paula Middle Jean Last McFarlin

Date of Birth: Month April Day 30 Year 1963

Place of Birth (State or foreign country) Danville

Residence Address: Street or R. R. P.O. Box 32 City Lizton County Hend. State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Loy Vernon McFarlin
   Residence of father (if deceased so state) Danville
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Elsie Mae Chalfant
   Residence of mother (if deceased so state) Danville.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Paula Jean McFarlin

New Address P.O. Box 32 Lizton Ind. 46149

Subscribed and sworn to before me this 17 day of Feb, 19 83

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of.....19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Feb, 19 83 authorizing the joining together as husband and wife Robert E. Ballard and Paula Jean McFarlin

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Kenneth Letters hereby certify that on the 23 day of February, one thousand nine hundred and eighty-three at Danville, County of Hendricks, State of Indiana, Groom Robert E. Ballard of Hend. County, State of Indiana, and, Bride Paula Jean McFarlin of Hend County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 23 day of February, 19 83

Signed /s/ Rev. Kenneth Letters

Official Designation Pastor, Bartlett Chapel United Methodist

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of February, 19 83.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-5-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 55

File

2-17-83
Date of Application

MALE
Medical Examination Report Dated 2-17-83
Name of Physician Hadley

FEMALE
Medical Examination Report Dated 2-17-83
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 James Middle Alan Last Alltop

Date of Birth: Month Nov. Day 21 Year 1960

Place of Birth (State or foreign country) Greencastle

Residence Address: Street or R. R. R.R. Box 261 City Clayton County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles E. Alltop
   Residence of father (if deceased so state) Clayton.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty J. Winnings
   Residence of mother (if deceased so state) Clayton
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James A Alltop
New Address PO Box 252 Clayton

Subscribed and sworn to before me this 17 day of Feb. 83.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Tamara Middle Gay Last Hopper

Date of Birth: Month June Day 29 Year 1963

Place of Birth (State or foreign country) Hend. Co. Hosp.

Residence Address: Street or R. R. Box 252 City Clayton County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Brandy Leigh Shuler
   Morgan Lynn Shuler
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 D Hopper
   Residence of father (if deceased so state) Clayton
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Georgia M. Powell
   Residence of mother (if deceased so state) Clayton
   Birthplace of mother (State or foreign country) Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Tami G Hopper
New Address PO Box 252 Clayton

Subscribed and sworn to before me this 17 day of Feb 83

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 17 day of February, 19 83, authorizing the joining together as husband and wife James Alan Alltop and Tamara Gay Hopper

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Faris D. Franz hereby certify that on the 17th day of February one thousand nine hundred and eighty-three at Clayton, County of Hendricks State of Indiana, Groom James Alan Alltop of Hendricks County, State of Indiana and, Bride Tamara Gay Hopper of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 17th day of February, 19 83.

Signed /s/Faris D. Franz
Official Designation Pastor, Clayton United Presbyterian Church

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of February, 19 83

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 56

File

2-18-83 Date of Application

MALE
Medical Examination Report Dated 2-14-83
Name of Physician D. C. Seamsbury, M.D.

FEMALE
Medical Examination Report Dated 2-4-83
Name of Physician D. C. Seamsbury, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle C. Last Nicholas, Jr.
Date of Birth: Month 1 Day 7 Year 1962
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 10282 N. 800 E., City Brownsburg, County, State 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.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any such order or orders issued for their support.
8. Full name of father John C. Nicholas
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Edith Jeanette Kinsler
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John C. Nicholas Jr.
New Address 434 N. Allen Dr. Brownsburg Ind 46112
Subscribed and sworn to before me this 18th day of February, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

FEMALE APPLICANT

Name: First Threesa Middle A. Last Gregory
Date of Birth: Month 8 Day 9 Year 1960
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 434 N. Allen, City Brownsburg, County, State 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) Drivers License/Res

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Elmo Gregory
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Mary Magdelen Keen
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Threesa Ann Gregory
New Address 434 N. Allen Dr Brownsburg Ind 46112
Subscribed and sworn to before me this 18th day of February, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 February, 1983, 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, Vernon Smallens hereby certify that on the 26 day of February, one thousand nine hundred and eighty-three at Brownsburg, County of Hendricks State of Indiana, Groom John C. Nicholas Jr. of Hendricks County, State of Indiana, and, Bride Threesa A. Gregory of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 23 day of February, 1983.

Signed Vernon Smallens
Official Designation Ordained Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of March, 1983

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 57

File

Feb. 18, 1983
Date of Application

MALE
Medical Examination Report Dated 1-27-83
Name of Physician James Black

FEMALE
Medical Examination Report Dated 1-27-83
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle A Last Smallfelt

Date of Birth: Month March Day 3 Year 1943

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 917 Stockton City Indpls County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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 Albert Smallfelt
   Residence of father (if deceased so state) Medaryville In.
   Birthplace of father (State or foreign country) In
9. Full maiden name of mother Vera Hardesty
   Residence of mother (if deceased so state) Medaryville In.
   Birthplace of mother (State or foreign country) In

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John A. Smallfelt
New Address 917 Stockton St. Indpls, In.

Subscribed and sworn to before me this 18 day of Feb. 19 83
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Carol Middle J Last Frye

Date of Birth: Month Nov. Day 5 Year 1950

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 3344 Newburg City Ind. County Hend State 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) 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.
   Michele Frye
   Christian Frye

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Floyd Tanner
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Lillian Stewart
   Residence of mother (if deceased so state) Medaryville, In.
   Birthplace of mother (State or foreign country) Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carol J. Frye
New Address 917 Stockton St. Indpls, IN 46260

Subscribed and sworn to before me this 18 day of Feb 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 22nd day of February, 19 83, authorizing the joining together as husband and wife John A. Smallfelt and Carol J. Frye

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Dennis R. Fulton hereby certify that on the 20th day of March one thousand nine hundred and eighty-three at Indianapolis, County of Marion State of Indiana, Groom John A. Smallfelt of Harion County, State of Indiana and, Bride Carol Jean Frye 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 20th day of March, 19 83.

Signed /s/Dennis Fulton
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of March, 19 83

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

Re-Marriage

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 58

File

2-18-83 Date of Application

MALE
Medical Examination Report Dated 2-17-83
Name of Physician Mark Jackson

FEMALE
Medical Examination Report Dated 2-19-83
Name of Physician Mark Jackson MD

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-5 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Richard Middle J. Last Green

Date of Birth: Month 4 Day 10 Year 1926

Place of Birth (State or foreign country) Newark New Jersey

Residence Address: Street or R. R. 935 Gary Drive City Plainfield County State In.

Previous Marital Status: Never Married ☐ OR Re Marriage

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 J. L. Cowherd
   Residence of father (if deceased so state) deceased.
   Birthplace of father (State or foreign country) unknown
9. Full maiden name of mother Elizabeth Johnston
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) unknown

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Richard J. Green

New Address 935 Gary Drive, Plainfield, In.

Subscribed and sworn to before me this 18th day of Feb. 19 83

Mary Jane Russell HENDRICKS Clerk Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of.....19.....

.....Clerk

FEMALE APPLICANT

Name: First Mary Middle J. Last Green

Date of Birth: Month 1 Day 21 Year 1921

Place of Birth (State or foreign country) Plainfield In.

Residence Address: Street or R. R. 935 Gary Dr. City Plainfield County State In

Previous Marital Status: Never Married ☐ OR Re Marriage

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 Thomas White
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Mary Malicoat
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mary J. Green

New Address 935 Gary Drive Plainfield, In

Subscribed and sworn to before me this 18 day of Feb 83 19.....

Mary Jane Russell HENDRICKS Clerk Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of.....19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 22nd day of Feb, 19 83, authorizing the joining together as husband and wife Richard J. Green and Mary J. Green

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Terry Carnahan hereby certify that on the 25th day of February, one thousand nine hundred and eighty-three at Indianapolis, County of Marion, State of Indiana, Groom Richard J. Green of Hendricks County, State of Indiana, and, Bride Mary J. Green 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 February, 19 83

Signed /s/Reverend Terry Carnahan

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28th day of February, 19 83

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 59

File

2-18-83
Date of Application

MALE
Medical Examination Report Dated 2-17-83
Name of Physician Lowell

FEMALE
Medical Examination Report Dated 2-17-83
Name of Physician Lowell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Patrick Middle Anthony Last Clossey

Date of Birth: Month November Day 24 Year 1956

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 10545 W. Bradford Rd., City Indpls County Hendricks State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Nassy EDward Clossey
   Residence of father (if deceased so state) Indianapolis, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Virginia Ruth York
   Residence of mother (if deceased so state) Indianapolis, IN
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Patrick Clossey
New Address Pitkin Rd. Martinsville, Ind.
Subscribed and sworn to before me this 18 day of February 83.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Patricia Middle Ann Last Carter

Date of Birth: Month April Day 23 Year 1959

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 4085. Moose Plainfield City Hendricks County IN State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Alfred Coffey
   Residence of father (if deceased so state) Monticello, Ky
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Normalee Lillian Blanchard
   Residence of mother (if deceased so state) Plainfield, IN
   Birthplace of mother (State or foreign country) Connecticut

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Patricia A. Carter
New Address Pitkin Rd., Martinsville, In.
Subscribed and sworn to before me this 18 day of February 83.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 25 day of Feb, 19 83, authorizing the joining together as husband and wife Patrick A. Clossey and Patricia Ann Carter

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Mary Jane Russell hereby certify that on the 25 day of February, one thousand nine hundred and eighty three at Danville, County of Hendricks, State of Indiana, Groom Patrick A. Clossey of Hend. County, State of Indiana, and, Bride Patricia Ann Carter of Hend. County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 25 day of February, 19 83.

Signed Mary Jane Russell
Official Designation Hendricks County Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of February, 19 83.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 60

File

2-18-83 Date of Application

MALE
Medical Examination Report Dated 2-10-83
Name of Physician Rockey

FEMALE
Medical Examination Report Dated 2-10-83
Name of Physician Rockey

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Eugene Middle — Last Thompson

Date of Birth: Month August Day 17 Year 1936

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 6810 E. 21st City Indianapolis County Marion State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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 Norman C. Thompson
   Residence of father (if deceased so state) Winchester, IN
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sula Pearl EADS
   Residence of mother (if deceased so state) Winchester, IN
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Eugene Thompson

New Address 10212 Osceola Dr Indpls 46234

Subscribed and sworn to before me this 18 day of February, 19 83

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Carolyn Middle D. Last Jacobs

Date of Birth: Month December Day 10 Year 1954

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 10212 Osceola Dr, Ind. City Indianapolis County Marion State IN

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Driver's License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles L. Jacobs
   Residence of father (if deceased so state) R 1, Box 358 Fairland, IN
   Birthplace of father (State or foreign country) Anderson, IN
9. Full maiden name of mother Claira F. Jones
   Residence of mother (if deceased so state) Fairland, IN
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carolyn D. Jacobs

New Address 10212 Osceola Dr Indpls 46234

Subscribed and sworn to before me this 18 day of February, 19 83

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 February, 19 83, authorizing the joining together as husband and wife Eugene Thompson and Carolyn Jacobs

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Young H. Lang hereby certify that on the 5th day of March, one thousand nine hundred and eighty-three at Indianapolis, County of Marion, State of Indiana, Groom Eugene Thompson of Marion County, State of Indiana, and, Bride Carolyn Diane Jacobs of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 5 day of March, 19 83.

Signed /s/ Young H. Lang

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 8 day of March, 19 83.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 41

File

2-22-83
Date of Application

MALE
Medical Examination Report Dated 2-15-83
Name of Physician Glenn W. Baker

FEMALE
Medical Examination Report Dated 2-15-83
Name of Physician Glenn W. Baker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Charles Middle L. Last Gee

Date of Birth: Month 7 Day 26 Year 1939

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 614 LaReside 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) Drivers License w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Dyna Marie Gee
   Jonathon J. Gee
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harvey James Gee
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Belva Webster
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Charles L. Gee

New Address 614 D LaReside - Plainfield, In.

Subscribed and sworn to before me this 22nd day of February, 19 83

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Sharyn Middle A. Last Taylor

Date of Birth: Month 3 Day 3 Year 1939

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. 614 LaReside City Plainfield County Ind. State 46168

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) .....

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Clemont White
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bertha Lucille June
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sharyn A. Taylor

New Address 614 D LaReside Plainfield In 46168

Subscribed and sworn to before me this 22nd day of February, 19 83

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* February, 19 83, *authorizing the joining together as husband and wife* Charles L. Gee *and* Sharyn A. Taylor

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Mary Lee Comer *hereby certify that on the* 3rd *day of* March *one thousand nine hundred and* eighty-three *at* Danville, *County of* Hendricks *State of Indiana, Groom* Charles L. Gee *of* Hendricks *County, State of* Indiana *and, Bride* Sharyn A. Taylor *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 3rd *day of* March, 19 83.

Signed /s/Mary Lee Comer

Official Designation Judge, Hendricks Superior Court I

Filed and recorded in accordance with the laws of the State of Indiana this 3rd *day of* March, 19 83

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 62

File

2-22-83 Date of Application

MALE
Medical Examination Report Dated 2-8-83
Name of Physician Nauert,

FEMALE
Medical Examination Report Dated 2-4-83
Name of Physician Dr. Joseph Kinlen

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle Jerome Last Rugen

Date of Birth: Month 8 Day 6 Year 1960

Place of Birth (State or foreign country) Peoria Ill

Residence Address: Street or R. R. 818 Gary Dr City Plfd. County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James H. Rugen
   Residence of father (if deceased so state) Plfd Ind.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Jonita Scales
   Residence of mother (if deceased so state) Plfd Ind.
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Michael J. Rugen
New Address 10755 Meadowglen Ln #204 Houston TX

Subscribed and sworn to before me this 25 day of Feb, 19 83
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Julie Middle A. Last Clark

Date of Birth: Month April Day 17 Year 1961

Place of Birth (State or foreign country) Fayetteville Fayette Co. Pa.

Residence Address: Street or R. R. 782 Dan Jones Rd. City Plfd. County Morgan State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Marvin Edward Clark
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Ruth Joanne Bradford
   Residence of mother (if deceased so state) Cadyonia
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Julie A. Clark
New Address 10755 Meadowglen Ln #204 Houston 77042

Subscribed and sworn to before me this 22 day of Feb, 19 83
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Feb., 19 83, 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, Mitchell C. Wieselman hereby certify that on the 26th day of February, one thousand nine hundred and Eighty Three at Plainfield, County of Hendricks State of Indiana, Groom Michael J. Rugen of Harris County, State of Texas and, Bride Julie A. 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 26 day of February, 19 83.

Signed Mitchell C Wieselman
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of February, 19 83.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 63

File

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

2-22-83
Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 2-15-83
Name of Physician Hearn

FEMALE
Medical Examination Report Dated 2-17-83
Name of Physician Hearn

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Johnson Jr.
Date of Birth: Month 7 Day 18 Year 1962
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R. R. RR1 Box 418C City Coatesville County Hend State Ind

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert M. Johnson, Sr.
   Residence of father (if deceased so state) Jasonville, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia Ann Hines
   Residence of mother (if deceased so state) Coatesville Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Robert Michael Johnson Jr.
New Address R#1 Box 418C Coatesville, Ind 46121
Subscribed and sworn to before me this 22 day of Feb., 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Trina Middle M. Last Shaw
Date of Birth: Month 7 Day 23 Year 1964
Place of Birth (State or foreign country) Putnam Co. Ind.
Residence Address: Street or R. R. RR2 Box 275 City Coatesville County Hend State Ind.

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Eugene Shaw
   Residence of father (if deceased so state) Coatesville Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mildred Amy McCloud
   Residence of mother (if deceased so state) Coatesville Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Trina Michele Shaw
New Address R#1 Box 418C Coatesville, Ind 46121
Subscribed and sworn to before me this 22 day of Feb, 1983.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Feb, 19 83, 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, Frank Burns hereby certify that on the 1st day of March, one thousand nine hundred and eighty-three at Coatesville, County of Hendricks, State of Indiana, Groom Robert M. Johnson, Jr. of Hendricks County, State of Indiana, and, Bride Trina M. Shaw 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 February, 1983.

Signed Frank Burns
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of March, 19 83.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 64

File

2-22-83
Date of Application

MALE
Medical Examination Report Dated 2-21-83
Name of Physician Haggard

FEMALE
Medical Examination Report Dated 2-21-83
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 Harry Middle O. Last Morton
Date of Birth: Month 5 Day 21 Year 1956
Place of Birth (State or foreign country) Huntsfield Ala.
Residence Address: Street or R. R. 10 S. 400 E. Apt 3 City Danville County Hend State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License & picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Howard Morton
   Residence of father (if deceased so state) Macmimple Tennessee
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Nancy Heard
   Residence of mother (if deceased so state) Huntsfield Alabama
   Birthplace of mother (State or foreign country) Huntsfield Alabama

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Larry Dean Morton
New Address 469 School Rd Plainfield

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Glenda Middle Elaine Last Burnside
Date of Birth: Month June Day 15 Year 1956
Place of Birth (State or foreign country) In.
Residence Address: 469 School Rd Street or R. R. Plainfield City County State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) 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 Charles Glen Burnside
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Ark.
9. Full maiden name of mother Shirley Falconer
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Ark

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Glenda Burnside
New Address 469 School Rd Plainfield

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 25 *day of* Feb. *, 19* 83*, 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, Rev. William P. HenDricks *hereby certify that on the* 26 *day of* February, *one thousand nine hundred and* Eighty-Three *at* Washington Twship *County of* HenDricks *State of Indiana, Groom* Larry D. Morton *of* HenDricks *County, State of* Indiana, *and, Bride* Glenda Elaine Burnside *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* February, *19* 83.

Signed Rev. William P. HenDricks
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2 *day of* March, *19* 83

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 65

File

2-22-83
Date of Application

MALE
Medical Examination Report Dated 2-18-83
Name of Physician Nimelstein

FEMALE
Medical Examination Report Dated 2-18-83
Name of Physician Nimelstein

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Charles Middle M. Last Helber

Date of Birth: Month 1 Day 29 Year 1962

Place of Birth (State or foreign country) Toledo, Ohio

Residence Address: Street or R. R. 6343 Westfield Apt 118 City Indpls County Marion State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Abraham Nelber
   Residence of father (if deceased so state) California
   Birthplace of father (State or foreign country) Toledo Ohio
9. Full maiden name of mother Bonnie Lee Peterson
   Residence of mother (if deceased so state) Indpls Ind.
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Charles Helber

New Address 6343 Wakefield Rd APT 118 Indpls IN 46254

Subscribed and sworn to before me this 22nd day of February, 19 83

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Jane Middle Ann Last Moster

Date of Birth: Month 2 Day 4 Year 1963

Place of Birth (State or foreign country) Indpls Ind

Residence Address: Street or R. R. 7285 E. 900N City B'burg County Hend State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald Leon Moster
   Residence of father (if deceased so state) B'burg, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Annette Jane Duesler
   Residence of mother (if deceased so state) B'burg Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Jane Ann Moster

New Address 6343 Wakefield Rd. Apt 118 Indpls. Ind 46254

Subscribed and sworn to before me this 22nd day of February, 1983

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 2nd day of March, 19 83, authorizing the joining together as husband and wife Charles M. Helber and Jane Ann Moster

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jerry R. Nash hereby certify that on the 25th day of March one thousand nine hundred and eighty-three at Brownsburg, County of Hendricks, State of Indiana, Groom Charles M. Helber of Marion County, State of Indiana, and, Bride Jane Ann Moster 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 March, 19 83.

Signed /s/Jerry R. Nash

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 29th day of March, 19 83.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court