

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 65  
File 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 2-18-83  
Name of Physician Hemelstein

FEMALE  
Medical Examination Report Dated 2-18-83  
Name of Physician Hemelstein

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

MALE APPLICANT

Name Charles M. Helber  
Date of Birth 1/29/1962  
Place of Birth Indpls, Ind  
Residence Address 6343 Wakefield Apt 118 Indpls Marion Ind  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Helber  
Residence of father (if deceased so state) California  
Birthplace of father (State or foreign country) Indpls 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, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Charles M. Helber  
New Address 6343 Wakefield Apt 118 Indpls 46254 IN

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

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

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

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

FEMALE APPLICANT

Name Jane Ann Master  
Date of Birth 2/4/1963  
Place of Birth Indpls Ind  
Residence Address 7285 E. 900N B'burg Hend Ind  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Master  
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 Quisler  
Residence of mother (if deceased so state) B'burg Ind  
Birthplace of mother (State or foreign country) Indiana

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

Signed Jane Ann Master  
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, HENDRICKS } ss:  
County of \_\_\_\_\_

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

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ HENDRICKS Circuit Court of Indiana dated the 2nd day of March, 1983, authorizing the joining together as husband and wife of Charles M. Helber and Jane Ann Master.  
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 Master of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County. Dated this 25th day of March, 1983.

Signed /s/ Jerry R. Nash

Official Designation Pastor  
29th day of March, 1983

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 66  
File 2-22-83  
Date of Application

MALE  
Medical Examination Report Dated 2-12-83  
Name of Physician Clark

FEMALE  
Medical Examination Report Dated 2-12-83  
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 Paul David Wineman  
Date of Birth 8 20 1961  
Place of Birth (State or foreign country) St. Vincents Hosp Indianapolis Ind  
Residence Address 105 Rd. 400 E. Apt 7 Danville Hend. Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

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

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

8. Full name of father Paul Richard Wineman  
Residence of father (if deceased so state) Danville Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Sharon A. Leonard  
Residence of mother (if deceased so state) Danville Ind.  
Birthplace of mother (State or foreign country) Indiana

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

Signed Paul D Wineman

New Address Same

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

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

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

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

## FEMALE APPLICANT

Name Tammy A. McCarthy  
Date of Birth 3 5 1961  
Place of Birth (State or foreign country) St. Elizabeth Lafayette Ind  
Residence Address 105 Rd. 400 E. Apt 7 Danville Hend. Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

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

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

8. Full name of father John Andrew McCarthy Sr.  
Residence of father (if deceased so state) Danville Ind.  
Birthplace of father (State or foreign country) Kentucky  
9. Full maiden name of mother Joyce Jeannette Morris  
Residence of mother (if deceased so state) Danville Ind.  
Birthplace of mother (State or foreign country) Kentucky

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

Signed Tammy A McCarthy

New Address 105 Rd. 400 E. Apt 7

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

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

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

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ HENDRICKS Circuit Court of Indiana dated the 26 day of Feb, 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, Rev. Cecil Pugh hereby certify that on the 26th day of February,  
one thousand nine hundred and eighty-three at Danville County of Hendricks  
State of Indiana, Groom Paul David Wineman of Hendricks County, State of Indiana  
and, Bride Tammy A. McCarthy 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 Rev. Cecil Pugh

Official Designation Minister, 1983

Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of March, 1983



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 67  
File 2-23-83  
Date of Application

MALE  
Medical Examination Report Dated 2-16-83  
Name of Physician Robert A. Neavin

FEMALE  
Medical Examination Report Dated 2-17-83  
Name of Physician Robert A. Neavin

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

MALE APPLICANT  
Name Sheldon Lee George  
Date of Birth July 12 1959  
Place of Birth (State or foreign country) Vincennes, Ind.  
Residence Address Box 98, Amos, Hendricks, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

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

Signed Sheldon Lee George  
New Address Box 98 Amos, IN 46103  
Subscribed and sworn to before me this 23 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, Hendricks } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

FEMALE APPLICANT  
Name Teresa Lynn Davis  
Date of Birth January 10 1962  
Place of Birth (State or foreign country) Columbus, Ind.  
Residence Address Box 16, Amos, Hendricks, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Eugene Davis  
Residence of father (if deceased so state) Amos, Ind.  
Birthplace of father (State or foreign country) Illinois  
9. Full maiden name of mother Loretta Elaine Caldwell  
Residence of mother (if deceased so state) Amos, Ind.  
Birthplace of mother (State or foreign country) Missouri  
State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Teresa Lynn Davis  
New Address P.O. Box 98, Amos, IN 46103  
Subscribed and sworn to before me this 23 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, Hendricks } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior #1 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 Hendricks Circuit Court  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 23 day of Feb., 1983, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Frank Dunn hereby certify that on the 24th day of February, 1983, at Coatesville, Hendricks County, State of Indiana, Groom Sheldon Lee George and, Bride Teresa Lynn Davis were by me united 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.

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1983.

Signed Frank Dunn  
Official Designation Christian Minister  
Signed Mary Jane Russell  
Hendricks Circuit Court



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

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

No. 68  
File 2-03-83  
Date of Application

**MALE**  
Medical Examination Report Dated 2-11-83  
Name of Physician Harold W. Williams

**FEMALE**  
Medical Examination Report Dated 2-11-83  
Name of Physician Harold W. Williams, 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 Alan R. Schaub  
Date of Birth 8 Month 6 Day 1958 Year  
Place of Birth (State or foreign country) Ohio  
Residence Address 7920 Stonemust Mr. 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) Driver's License w/ Pic

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

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

8. Full name of father Richard Oscar Schaub  
Residence of father (if deceased so state) Indpls. In.  
Birthplace of father (State or foreign country) Ohio

9. Full maiden name of mother Bonnie Jean Mathers  
Residence of mother (if deceased so state) Indpls. In.  
Birthplace of mother (State or foreign country) Ohio

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

Signed Alan R. Schaub  
New Address R.R. 3 Box 374 G Clayton IN 46118

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

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

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

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

**FEMALE APPLICANT**

Name Tamara J. Brooks  
Date of Birth 12 Month 23 Day 1958 Year  
Place of Birth (State or foreign country) Indiana  
Residence Address R.R. #3, Box 324 B, Clayton, In.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Driver's License w/ Pic

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

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

8. Full name of father Charles Halie Brooks  
Residence of father (if deceased so state) Marionville, Indiana  
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Margaret Jesse McClure  
Residence of mother (if deceased so state) Marionville, In.  
Birthplace of mother (State or foreign country) Indiana

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

Signed Tamara Brooks  
New Address R.R. 3 Box 324-G, Clayton, In. 46118

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

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

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

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

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the HENDRICKS County Grant Court by written order issued 3rd day of January 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 23rd day of February, 19 83, authorizing the joining together as husband and wife of Alan R. Schaub and Tamara J. Brooks

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Jerry W. Smart hereby certify that on the 23rd day of February, one thousand nine hundred and eighty-three at Danville County of Hendricks State of Indiana, Groom Alan R. Schaub of Hendricks County, State of Indiana and, Bride Tamara J. Brooks of Hendricks County, State of INDIANA

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 23rd day of February, 19 83

Signed /s/Rev. Jerry W. Smart  
Pastor

Official Designation 9th day of March, 19 83  
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 69  
File 224-83  
Date of Application

MALE  
Medical Examination Report Dated 1-24-83  
Name of Physician Truderic

FEMALE  
Medical Examination Report Dated 12-27-82  
Name of Physician Steenberger

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

MALE APPLICANT

Name Sam Holaves  
Date of Birth Feb 5 1948  
Place of Birth (State or foreign country) Athens, Greece  
Residence Address R.R. 1 Box 255-24 Pittsboro Ind  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

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

8. Full name of father Pete Holaves  
Residence of father (if deceased so state) Danville, Ill  
Birthplace of father (State or foreign country) Athens, Greece  
9. Full maiden name of mother Helen Soboles  
Residence of mother (if deceased so state) deceased  
Birthplace of mother (State or foreign country) Athens, Greece

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

Signed Sam Hill  
New Address R.R. 1 Box 255-24 Pittsboro Ind

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

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

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

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

Clerk

FEMALE APPLICANT

Name Sandra Lee Hendricks  
Date of Birth Nov 22 1946  
Place of Birth (State or foreign country) Indpls  
Residence Address R.R. 1 Box 255-24 Pittsboro Ind  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

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

8. Full name of father Paul G. McCreary  
Residence of father (if deceased so state) Anaheim, Ca.  
Birthplace of father (State or foreign country) Indpls.

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

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

Signed Sandra K. Hendricks  
New Address R.R. 1 Box 255-24 Pittsboro Ind

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

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

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

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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, 1983, 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 \_\_\_\_\_, County of \_\_\_\_\_, State of Indiana, Groom \_\_\_\_\_ and, Bride \_\_\_\_\_ of \_\_\_\_\_ County, State of \_\_\_\_\_ were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County. Dated this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_

Official Designation \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_ HENDRICKS Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 70  
File Feb 24, 1983  
Date of Application

MALE  
Medical Examination Report Dated 2-7-83

Name of Physician Saeeda K. Khairi Md.

FEMALE  
Medical Examination Report Dated 2-7-83

Name of Physician Saeeda K. Khairi 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 Neal Edward Naylor Jr.  
Date of Birth July 10 1958  
Place of Birth (State or foreign country) Washington Pa.  
Residence Address 8780 E. 700 N. B. Burg Pa.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Minor License (picture)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. None

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

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Neal Edward Naylor Sr.

Residence of father (if deceased so state): Kokomo, In.

Birthplace of father (State or foreign country): Pennsylvania

9. Full maiden name of mother: Kathleen Chosley

Residence of mother (if deceased so state): deceased

Birthplace of mother (State or foreign country): Pennsylvania

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

Signed Neal E. Naylor Jr.

New Address 8780 E 700N B. BURG

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

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

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

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 2nd day of March, 1983, authorizing the joining together as husband and wife of Neal E. Naylor Jr. and Pamela K. George

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

I, Warren W. Burns hereby certify that on the 5 day of March, 1983, at Brownsville County of Hendricks

one thousand nine hundred and eighty three at Hendricks County, State of Indiana

State of Indiana, Groom Neal Edward Naylor Jr. of Hendricks County, State of Indiana

and, Bride Pamela K. George of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 5 day of March, 1983.

Signed Warren W. Burns Official Designation Pastor, Grace Fellowship Church

9 day of March, 1983

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 71  
File 2-24-83  
Date of Application

MALE  
Medical Examination Report Dated 2-21-83  
Name of Physician Lowell

FEMALE  
Medical Examination Report Dated 2-21-83  
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 Middle Last  
Harold H. Rumley  
Date of Birth Month Day Year  
July 26 1951  
Place of Birth (State or foreign country)  
Indiana  
Residence Address Street or R. R. City County State  
P.O. Box 2, Amo Hendricks IN  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☒ Other (Specify) Drives Lic. w/picture  
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐  
6. List the full names of any dependent children.

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

8. Full name of father Harold R. Rumley  
Residence of father (if deceased so state) Deceased  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Elsie Bisler  
Residence of mother (if deceased so state) Florida  
Birthplace of mother (State or foreign country) Unknown

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

Signed Harold R. Rumley  
New Address 195 E. Main Danville

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

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

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

## FEMALE APPLICANT

Name First Middle Last  
Nancy J. Siddons  
Date of Birth Month Day Year  
July 23 1958  
Place of Birth (State or foreign country)  
Indiana  
Residence Address Street or R. R. City County State  
195 E. Main Danville Hendricks IN  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☒ Other (Specify) Drives 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 Dennis R. Tischer  
Residence of father (if deceased so state) Illinois  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Sarah Kelley  
Residence of mother (if deceased so state) Indiana  
Birthplace of mother (State or foreign country) Kentucky

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

Signed Nancy J. Siddons  
New Address 195 E. Main Danville

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

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior #1 Court by written order issued 30 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 February, 1983, authorizing the joining together as husband and wife of Harold H. Rumley and Nancy J. Siddons. Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Chris E. Wynn, hereby certify that on the 25th day of February, 1983, at Danville, Hendricks County, State of Indiana, Groom Harold H. Rumley and, Bride Nancy J. 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 25th day of February, 1983.

Signed /s/ Rev. Chris E. Wynn  
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29th day of March, 1983

Signed Mary Jane Russell  
Hendricks Circuit Court



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 72  
File 2-24-83  
Date of Application

MALE  
Medical Examination Report Dated 2-22-83  
Name of Physician Hill

FEMALE  
Medical Examination Report Dated 2-22-83  
Name of Physician 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 Lawrence Allen Strainer  
Date of Birth 10 20 1961  
Place of Birth (State or foreign country) Brownsville Ind  
Residence Address 7880 W 10th St. 14-5 Ind Hendricks Ind  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

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

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

Signed [Signature]  
New Address 7880 W 10th St. 14-5  
Subscribed and sworn to before me this 24 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, HENDRICKS } ss:  
County of HENDRICKS  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE 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 February, 1983, authorizing the joining together as husband and wife of Lawrence Strainer and Holly Daugherty  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Jerry R. Nash hereby certify that on the 12th day of March

one thousand nine hundred and eighty-three at BROWNSBURG County of Hendricks  
State of Indiana, Groom Lawrence A. Strainer of Hendricks County, State of Indiana  
and, Bride Holly C. Daugherty of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 12th day of March, 1983.

Signed /s/Jerry R. Nash  
Minister

Official Designation 14th day of March, 1983  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

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

FEMALE APPLICANT

Name Holly Christina Daugherty  
Date of Birth 6 5 1964  
Place of Birth (State or foreign country) Ind  
Residence Address 9940 N. 51st. B'burg Ind Hendricks Ind  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

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

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

Signed Holly C. Daugherty  
New Address 9880 W 10th St. 14-5  
Subscribed and sworn to before me this 24 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, HENDRICKS } ss:  
County of HENDRICKS  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 73  
File \_\_\_\_\_  
Date of Application 2-24-83

MALE  
Medical Examination Report Dated 2-21-83  
Name of Physician Irammell

FEMALE  
Medical Examination Report Dated 2-22-83  
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 Gene Mitchell  
Date of Birth 27 1962  
Place of Birth (State or foreign country) Greencastle Ind.  
Residence Address 2200 Stanley Rd. Mooresville Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

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

8. Full name of father Gary Carlos Mitchell  
Residence of father (if deceased so state) Mooresville Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Constance Elaine Gleason  
Residence of mother (if deceased so state) Mooresville Ind.  
Birthplace of mother (State or foreign country) Iowa

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

Signed Gene A. Mitchell  
New Address 2200 Stanley Rd. Mooresville Ind.

Subscribed and sworn to before me this 24 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, HENDRICKS ss: \_\_\_\_\_

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

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

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

Clerk

## FEMALE APPLICANT

Name Michelle Dawn Campbell  
Date of Birth 24 1965  
Place of Birth (State or foreign country) Greencastle Ind.  
Residence Address 1008 1/2 Stafford Rd. Plft. Hend. Ind.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

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

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

8. Full name of father Marvin Dean Campbell  
Residence of father (if deceased so state) Greencastle Ind.  
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Roseland Mae Harvey  
Residence of mother (if deceased so state) Plft. Ind.  
Birthplace of mother (State or foreign country) Indiana

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

Signed Michelle Campbell

New Address 2200 Stanley Rd. Mooresville Ind.

Subscribed and sworn to before me this 24 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, HENDRICKS ss: \_\_\_\_\_

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

Signed Roseland M. Harvey Mother

Subscribed and sworn to before me this 28 day of Feb, 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 \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 28 day of February, 1983, authorizing the joining together as husband and wife of Gene A. Mitchell and Michelle D. Campbell.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Samuel Stewart hereby certify that on the 4th day of March one thousand nine hundred and eighty-three at Plainfield County of Hendricks State of Indiana, Groom Gene A. Mitchell of Hendricks County, State of Indiana and, Bride Michelle D. Campbell of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.  
Dated this 4th day of March, 1983.

Signed /s/ Rev. Samuel Stewart

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 19th day of March, 1984.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 74  
File 2-24-83  
Date of Application

MALE  
Medical Examination Report Dated 2-19-83  
Name of Physician Clark

FEMALE  
Medical Examination Report Dated 2-19-83  
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 Joe A. Wirey  
Date of Birth July 15 1958  
Place of Birth (State or foreign country) Indpls.  
Residence Address 105 Adams St. Danville Ind In  
Previous Marital Status: Never Married ☐ OR ☒  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) drivers lic

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

6. List the full names of any dependent children.  
Joe Wirey, 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: James A. Wirey Jr.  
Residence of father (if deceased so state): Bloomington  
Birthplace of father (State or foreign country): Franklin In

9. Full maiden name of mother: Joanne McAless  
Residence of mother (if deceased so state): Bloomington  
Birthplace of mother (State or foreign country): Morrisville

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

Signed for A Wirey  
New Address 105 Adams

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

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

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

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

Clerk

FEMALE APPLICANT

Name Sharon L. Thomas  
Date of Birth Aug 6 1949  
Place of Birth (State or foreign country) Indpls.  
Residence Address 105 Adams St. Danville Ind In  
Previous Marital Status: Never Married ☐ OR ☒  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) drivers lic

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

6. List the full names of any dependent children.  
Elizabeth Ann Thomas  
Robert David Thomas III

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

8. Full name of father: Clyde B. Cartrell  
Residence of father (if deceased so state): Danville  
Birthplace of father (State or foreign country): Penn. Northeast

9. Full maiden name of mother: Winifred Marie Mack  
Residence of mother (if deceased so state): Danville  
Birthplace of mother (State or foreign country): Janston N.Y.

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

Signed Sharon L. Thomas  
New Address 105 Adams

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

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

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

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 24 day of February, 1983, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Dr. Joseph D. Stump hereby certify that on the 26th day of February, 1983, at Danville County of Hendricks State of Indiana

one thousand nine hundred and eighty-three of Hendricks County, State of Indiana

State of Indiana, Groom Joe A. Wirey of Hendricks County, State of Indiana

and, Bride Sharon L. Thomas of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 26th day of February, 1983  
Signed /s/Dr. Joe D. Stump  
Pastor

Official Designation 3rd day of March, 1983  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 75  
File \_\_\_\_\_  
Date of Application 2-25-83

MALE  
Medical Examination Report Dated 2-22-83  
Name of Physician Larkin

FEMALE  
Medical Examination Report Dated 2-22-83  
Name of Physician Larkin

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

**MALE APPLICANT**

Name Marion L. Batson, Jr.  
Date of Birth 11-20-1945  
Place of Birth (State or foreign country) Birmingham, Alabama  
Residence Address RR1 Box 231 Bainbridge Ind.  
Previous Marital Status: Never Married ☐ OR ☒ Divorced ☐ Annulment ☐  
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.  
Curtis Lee Batson  
Chris Lelana Batson  
Carriek Kyle Batson  
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 L. Batson, Sr.  
Residence of father (if deceased so state) Marshall, Ill.  
Birthplace of father (State or foreign country) Alabama  
9. Full maiden name of mother Hosie May Turner  
Residence of mother (if deceased so state) Deceased  
Birthplace of mother (State or foreign country) Alabama  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Marion L. Batson, Jr.  
New Address RR1 Box 231 Bainbridge Ind.  
Subscribed and sworn to before me this 25 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Beverly J. Eubank  
Date of Birth 7-30-1930  
Place of Birth (State or foreign country) Indpls Ind  
Residence Address RR2 Box 80 Danville Ind.  
Previous Marital Status: Never Married ☐ OR ☒ Divorced ☐ Annulment ☐  
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 Roe Katherine Sears  
Residence of father (if deceased so state) Deceased  
Birthplace of father (State or foreign country) ?  
9. Full maiden name of mother Marjorie Pearl Swift  
Residence of mother (if deceased so state) Indpls, Ind.  
Birthplace of mother (State or foreign country) Indpls, Ind.  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Beverly J. Eubank  
New Address RR1 Box 231 Bainbridge Ind.  
Subscribed and sworn to before me this 25 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_  
of Indiana dated the 25 day of Feb, 1983, authorizing the joining together as husband and wife  
Marion L. Batson, Jr. and Beverly J. Eubank  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, C. Raymond Rissler hereby certify that on the 26th day of February  
one thousand nine hundred and eighty-three at New Winchester, County of Hendricks  
State of Indiana, Groom Marion L. Batson, Jr. of Hendricks County, State of Indiana  
and, Bride Beverly J. Eubank of Hendricks County, State of Indiana  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_  
County. Dated this 26th day of February, 1983

Signed/s/ C. Raymond Rissler  
Official Designation Baptist Minister  
3rd day of March, 1983  
Signed Mary Jane Russell  
HENDRICKS Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 76  
File 2-28-83  
Date of Application

**MALE**  
Medical Examination Report Dated 2-22-83  
Name of Physician Baker

**FEMALE**  
Medical Examination Report Dated 2-22-83  
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 Gregory K. Morgan  
Date of Birth 6 Month 18 Day 1963 Year  
Place of Birth (State or foreign country) Sullivan Ind  
Residence Address 510 Levee St. B'burg Ind  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

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

8. Full name of father Kenneth Ray Morgan  
Residence of father (if deceased so state) Jackson Center OH  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Catharine Sue Cornelius  
Residence of mother (if deceased so state) B'burg Ind  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.  
Signed Gregory K. Morgan  
New Address 9685 N. 750 E. B'burg Ind  
Subscribed and sworn to before me this 28 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, HENDRICKS ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, \_\_\_\_\_ Clerk

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE** 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 7 day of March, 1983, authorizing the joining together as husband and wife of Gregory K. Morgan and Candace A. Poulos  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Larry L. Bellville hereby certify that on the 12th day of March, at Brownsburg County of Hendricks State of Indiana  
one thousand nine hundred and eighty-three of Hendricks County, State of Indiana  
State of Indiana, Groom Gregory K. Morgan  
and, Bride Candace A. Poulos of HENDRICKS  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 12th day of March, 1983

Signed /s/Larry L. Bellville  
Official Designation Minister  
Signed Mary Jane Russell  
Official Designation Clerk  
Subscribed and sworn to before me this 15th day of March, 1983  
Mary Jane Russell Clerk HENDRICKS Circuit Court

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

**FEMALE APPLICANT**  
Name Candace A. Poulos  
Date of Birth 4 Month 2 Day 1964 Year  
Place of Birth (State or foreign country) Columbus Ga  
Residence Address 9685 N. 750 E. B'burg Ind  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

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

8. Full name of father Thomas Carls (- Stephen Paul Poulos)  
Residence of father (if deceased so state) Illinois - Maryland  
Birthplace of father (State or foreign country) Indiana New York  
9. Full maiden name of mother Carol Jean Thomas  
Residence of mother (if deceased so state) Maryland  
Birthplace of mother (State or foreign country) California

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.  
Signed Candace A. Poulos  
New Address 9685 N. 750 E. Brownsburg Ind  
Subscribed and sworn to before me this 28 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, HENDRICKS ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, \_\_\_\_\_ Clerk



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

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

No. 77  
File Mar. 1, 1983  
Date of Application

**MALE**  
Medical Examination Report Dated 2-26-83  
Name of Physician A. N. Scudder

**FEMALE**  
Medical Examination Report Dated 2-26-83  
Name of Physician A. N. Scudder

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

**MALE APPLICANT**

Name Gary Wayne Miller  
Date of Birth July 13 1950  
Place of Birth (State or foreign country) Ind.  
Residence Address 337 N. Center Plainfield Ind.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☒ Other (Specify) Dr. Janice  
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐  
6. List the full names of any dependent children.  
Jordan Andrew 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 Wilton Miller  
Residence of father (if deceased so state) Plainfield, Ind.  
Birthplace of father (State or foreign country) Ind.  
9. Full maiden name of mother Betty Nampe  
Residence of mother (if deceased so state) Plainfield, Ind.  
Birthplace of mother (State or foreign country) Ind.  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Gary W. Miller  
New Address 337 N. Center PLD. IN.

Subscribed and sworn to before me this 1 day of March, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_. Clerk

**FEMALE APPLICANT**

Name Janice Jane Creekbaum  
Date of Birth Dec 25 1951  
Place of Birth (State or foreign country) Ind.  
Residence Address 337 N. Center Plainfield Ind.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☒ Other (Specify) Dr. Janice  
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐  
6. List the full names of any dependent children.  
Jordan Andrew Miller  
Jesslyn Noel Creekbaum

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

Signed Janice J. Creekbaum  
New Address 337 N. Center Plainfield Ind.

Subscribed and sworn to before me this 1 day of March, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_. Clerk

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE** HENDRICKS Circuit Court  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 24 day of March, 1983, authorizing the joining together as husband and wife of Gary Wayne Miller and Janice Jane Creekbaum.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, James H. Fierek hereby certify that on the 5th day of March, one thousand nine hundred and eighty-three at Plainfield, County of Hendricks State of Indiana, Groom Gary Wayne Miller of Hendricks County, State of Indiana and, Bride Janice Jane Creekbaum of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 5th day of March, 1983.

Signed /s/James H. Fierek  
Official Designation Judge Pro-Tempore  
15th day of March, 1983  
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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



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

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 78

File

3-1-83

Date of Application

## MALE

Medical Examination Report Dated

3-25-83

Name of Physician

Admiral O. Drammell

## FEMALE

Medical Examination Report Dated

3-25-83

Name of Physician

Admiral O. Drammell

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

## MALE APPLICANT

Name Byron W. Jones  
Date of Birth 11 8 1960

Place of Birth (State or foreign country)

Greencastle, Ind.  
Residence Address 404 Garland St., Plainfield, Ind. 46168

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

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

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

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Ronald Lee JonesResidence of father (if deceased so state): Crown Dale, IndianaBirthplace of father (State or foreign country): Indiana9. Full maiden name of mother: Martha Louise TurbanResidence of mother (if deceased so state): Crown Dale, IndianaBirthplace of mother (State or foreign country): Indiana

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

Signed

Byron W. Jones

New Address

404 Garland St., PlainfieldSubscribed and sworn to before me this 1st day of March, 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, HENDRICKS } ss:  
County of: HENDRICKS

Signed

Father

Signed

Mother

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

Clerk

## FEMALE APPLICANT

Name Mary R. Maxwell  
Date of Birth 11 29 1960

Place of Birth (State or foreign country)

Martinsville, Indiana  
Residence Address R.R. 1, Box 402, Plainfield, Ind.

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

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

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

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: William Allen MaxwellResidence of father (if deceased so state): Plainfield, Ind.Birthplace of father (State or foreign country): Indiana9. Full maiden name of mother: Louis Jean SongResidence of mother (if deceased so state): Plainfield, Ind.Birthplace of mother (State or foreign country): Indiana

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

Signed

Mary R. Maxwell

New Address

404 Garland St. PlainfieldSubscribed and sworn to before me this 1st day of March, 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, HENDRICKS } ss:  
County of: HENDRICKS

Signed

Father

Signed

Mother

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

Clerk

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

in \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 8th day of March, 1983, authorizing the joining together as husband and wife

of Byron W. Jones and Mary R. Maxwell

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

I, Keith H. Kirk hereby certify that on the 12th day of March

one thousand nine hundred and eighty-three at Plainfield, County of Hendricks

State of Indiana, Groom Byron W. Jones of Hendricks County, State of Indiana

and, Bride Mary R. Maxwell of Hendricks County, State of HENDRICKS

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 12th day of March, 1983

Signed /s/Keith H. Kirk  
Friends Minister

Official Designation March, 1983

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 16th day of March, 1983



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 79  
File Mar. 2, 1983  
Date of Application

MALE  
Medical Examination Report Dated 2-25-83  
Name of Physician Michael Stack

FEMALE  
Medical Examination Report Dated 2-25-83  
Name of Physician Michael Stack

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

## MALE APPLICANT

Name Charles Robert Carvey  
Date of Birth July 28 1945  
Place of Birth (State or foreign country) Ind.  
Residence Address 3603 S. Clark Ave. Indianapolis, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

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

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

Signed Charles R. Carvey  
New Address 215 Indiana Street Apt #16

Subscribed and sworn to before me this 2 day of March, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name Bonita Joyce McClane  
Date of Birth Oct 7 1941  
Place of Birth (State or foreign country) Ind.  
Residence Address P.O. Box 13 Castertown, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

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

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

Signed Bonita J. McClane  
New Address 215 Indiana St. Apt #16 Plainfield, Ind.

Subscribed and sworn to before me this 2 day of March, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 7 day of March, 1983, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Fred Davis and Bonita Joyce McClane

hereby certify that on the 12th day of March, 1983, at Greenwood County of Marion State of Indiana, Groom Charles Robert Carvey of Hendricks County, State of Indiana and, Bride Bonita Joyce McClane of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 12th day of March, 1983

Signed /s/ Fred Davis  
Minister

Official Designation 15th day of March, 1983  
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 80  
File 3-3-83  
Date of Application

MALE  
Medical Examination Report Dated 2-15-83  
Name of Physician Trammell

FEMALE  
Medical Examination Report Dated 2-17-83  
Name of Physician 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 John R. Griffin  
Date of Birth October 12 1934  
Place of Birth (State or foreign country) Indiana  
Residence Address 3413 S. Campbell Lane Indianapolis, Indiana  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

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

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

8. Full name of father Gilbert Earl Griffin  
Residence of father (if deceased so state) Brazil, IN  
Birthplace of father (State or foreign country) Clinton, IN  
9. Full maiden name of mother Teresa Marie Sharp  
Residence of mother (if deceased so state) Brazil, IN  
Birthplace of mother (State or foreign country) Ashesville, IN

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

Signed John R. Griffin

New Address 3413 S. Campbell Lane Indianapolis, Ind.

Subscribed and sworn to before me this 3 day of March, 1983  
Mary Jane Russell HENDRICKS Clerk

## CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:  
County of

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

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

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

## FEMALE APPLICANT

Name Margaret A. Edrington  
Date of Birth August 12 1938  
Place of Birth (State or foreign country) Indiana  
Residence Address 73 Sweetwood Dr., Mooresville Morgan IN  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

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

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

8. Full name of father William John Stanley  
Residence of father (if deceased so state) Plainfield, IN  
Birthplace of father (State or foreign country) Howard Co., IN  
9. Full maiden name of mother Lenora Wheeler  
Residence of mother (if deceased so state) Plainfield, IN  
Birthplace of mother (State or foreign country) Brazil, IN

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

Signed Margaret A. Edrington

New Address 3413 S. Campbell Lane Indianapolis, Ind.

Subscribed and sworn to before me this 3 day of March, 1983  
Mary Jane Russell HENDRICKS Clerk

## CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:  
County of

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

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

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 9 day of March, 1983, authorizing the joining together as husband and wife  
John R. Griffin and Margaret A. Edrington

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Rick Matthews hereby certify that on the 12th day of March,  
one thousand nine hundred and eighty-three at Plainfield, County of Hendricks,  
State of Indiana, Groom John R. Griffin of Hendricks County, State of Indiana  
and, Bride Margaret A. Edrington of Morgan County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_  
County.  
Dated this 12th day of March, 1983

Signed /s/Ricky L. Matthews  
Minister

Official Designation March, 1983

Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of March, 1983



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

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

No. 81  
File March 3, 1983  
Date of Application

MALE  
Medical Examination Report Dated 2-23-83  
Name of Physician Larry D. Loebl

FEMALE  
Medical Examination Report Dated 2-23-83  
Name of Physician Larry D. Loebl

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

**MALE APPLICANT**  
Name Kevin Dwight Himsel  
Date of Birth Month Day Year 1961  
Place of Birth (State or foreign country) Michigan  
Residence Address RR. 2 Box 188 Hendricks Ind  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

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

Signed Kevin D. Himsel  
New Address 512 C Linden Circle Forest Hills

Subscribed and sworn to before me this 3 day of March, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**  
Name Mary Elizabeth Benge  
Date of Birth Month Day Year 1963  
Place of Birth (State or foreign country) Indiana  
Residence Address 512 C Linden Circle Forest Hills Ind  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 L. Payne  
Residence of father (if deceased so state) Indianapolis Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Sylvia L. Yarbrough  
Residence of mother (if deceased so state) Indianapolis Ind.  
Birthplace of mother (State or foreign country) Tennessee  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Mary E. Benge  
New Address 512 C Linden Circle Forest Hills

Subscribed and sworn to before me this 3 day of March, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
\_\_\_\_\_  
Clerk

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE** 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 7th day of March, 1983, authorizing the joining together as husband and wife of Kevin Dwight Himsel and Mary Elizabeth Benge.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Raymond L. Rader, hereby certify that on the 30th day of April, 1983, at Lizton, County of Hendricks, State of Indiana, Groom Kevin Dwight Himsel of Marion County, State of Indiana, and, Bride Mary Elizabeth 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 \_\_\_\_\_ County.  
Dated this 30th day of April, 1983.

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

Signed /s/Rev. Raymond L. Rader  
Official Designation Minister, 1983  
Signed Mary Jane Russell  
4th day of May, 1983  
HENDRICKS Circuit Court



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 82

File

3-7-83  
Date of Application

MALE  
Medical Examination Report Dated 3-3-83  
Name of Physician Eric Clark

FEMALE  
Medical Examination Report Dated 3-3-83  
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, presentation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Raymond S. Blaschke, Jr.  
Date of Birth 11 Month 28 Day 1937  
Place of Birth (State or foreign country) Beach Grove, Indiana  
Residence R.R. #1, Box 579H, Plainfield, Ind. 46168  
Street or R. R. County State

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

☐ Other (Specify) Driver's License & Pic.

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

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

8. Full name of father Raymond S. Blaschke, Sr.  
Residence of father (if deceased so state) deceased  
Birthplace of father (State or foreign country) Maywood, Indiana  
9. Full maiden name of mother Julia Margaret Cossley  
Residence of mother (if deceased so state) deceased  
Birthplace of mother (State or foreign country) Indiana

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

Signed Raymond S. Blaschke Jr.  
New Address R.R. #1 Box 579-A Plainfield, Ind. 46168

Subscribed and sworn to before me this 7th day of March, 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, HENDRICKS } ss:

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

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 11th day of March, 1983, authorizing the joining together as husband and wife of Raymond G. Blaschke, Jr. and Rhonda R. Napier

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Charles M. Bidle hereby certify that on the 26th day of March,  
one thousand nine hundred and eighty-three at Mooresville, County of Morgan,  
State of Indiana, Groom Raymond G. Blaschke, Jr. of Hendricks County, State of Indiana  
and, Bride Rhonda R. Napier of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 26th day of March, 1983

Signed /s/Charles M. Bidle  
Minister

Official Designation March, 1983  
29th day of

Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

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

FEMALE APPLICANT

Name Rhonda R. Napier  
Date of Birth 7 Month 1950  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence 3209 Avon Rd., Plainfield, Ind. 46168  
Street or R. R. County State

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

☐ Other (Specify) Driver's License & Pic.

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

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

8. Full name of father Ernest J. Janner  
Residence of father (if deceased so state) Marionville, Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Frances Marcella Brumfield  
Residence of mother (if deceased so state) Marionville, Ky.  
Birthplace of mother (State or foreign country) Springfield, Ohio

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

Signed Rhonda R. Napier  
New Address RR #1 Box 579A Plainfield, Ind. 46168

Subscribed and sworn to before me this 7th day of March, 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, HENDRICKS } ss:

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

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

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



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 33-1-5-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 83  
File \_\_\_\_\_  
Date of Application 3-7-83

MALE  
Medical Examination Report Dated 3-4-83  
Name of Physician Janner

FEMALE  
Medical Examination Report Dated 3-4-83  
Name of Physician Mackey

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

**MALE APPLICANT**

Name Bobby Joe Flowers  
Date of Birth 27 1937  
Place of Birth (State or foreign country) Indpls Ind  
Residence Address RR 5 Box 347 Indpls Ind  
Previous Marital Status ☒ Never Married ☐ OR  
Last Marriage Ended By ☐ Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by ☐ Birth Certificate ☐ Judicial Decree  
☒ Other (Specify) Drivers license w/picture

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

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐  
If answer is "yes", it is required that this Application be 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 Douglas Flowers  
Residence of father (if deceased so state): deceased  
Birthplace of father (State or foreign country): Kentucky  
9. Full maiden name of mother: Maybelle Vinson  
Residence of mother (if deceased so state): Danville Ind  
Birthplace of mother (State or foreign country): Kentucky  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Bobby Joe Flowers  
New Address 3005 Coast Dr Apt 202  
Subscribed and sworn to before me this 7 day of March, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Nancy J. Stahl  
Date of Birth 26 1953  
Place of Birth (State or foreign country) Indpls Ind  
Residence Address 3005 Coast Dr Apt 202 Indpls Marion Ind  
Previous Marital Status ☒ Never Married ☐ OR  
Last Marriage Ended By ☐ Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by ☐ Birth Certificate ☐ Judicial Decree  
☒ Other (Specify) Drivers license w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐  
If answer is "yes", it is required that this Application be 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 Gilbert Stahl, Sr  
Residence of father (if deceased so state): Speedway, Indiana  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Nina Alberta Butterfield  
Residence of mother (if deceased so state): Speedway Indiana  
Birthplace of mother (State or foreign country): Indiana  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Nancy J. Stahl  
New Address 3005 Coast Dr Apt 202  
Subscribed and sworn to before me this 7 day of March, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ HENDRICKS Circuit Court of Indiana dated the 11th day of March, 1983, authorizing the joining together as husband and wife of Bobby Joe Flowers and Nancy J. Stahl.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, James A. McKinney hereby certify that on the 12th day of March, one thousand nine hundred and eighty-three at Carmel, County of Hamilton State of Indiana, Groom Bobby Joe Flowers of Hendricks County, State of Indiana and, Bride Nancy Josephine Stahl of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 12th day of March, 1983.

Filed and recorded in accordance with the laws of the State of Indiana this 15th day of March, 1983.  
Signed /s/James A. McKinney Official Designation Pastor  
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 84  
File March 8, 1983  
Date of Application

MALE  
Medical Examination Report Dated 3-4-83  
Name of Physician Jim Edwards M.D.

FEMALE  
Medical Examination Report Dated 3-3-83  
Name of Physician Dr. J. J. Russell

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

## MALE APPLICANT

Name Edward Clark  
Date of Birth 17 1963  
Place of Birth (State or foreign country) Indiana  
Residence Address 924 Union St. Plainfield Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

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

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

8. Full name of father Robert Earl Clark  
Residence of father (if deceased so state) Plainfield Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Bonnie Ann Madson  
Residence of mother (if deceased so state) Plainfield Ind.  
Birthplace of mother (State or foreign country) Indiana

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

Signed David Edward Clark

New Address 9825 W. Washington St. 46231

Subscribed and sworn to before me this 8 day of March, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

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

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

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

## FEMALE APPLICANT

Name Kathy Porter  
Date of Birth 30 1962  
Place of Birth (State or foreign country) Indiana  
Residence Address 927 Redwood Dr. Plainfield Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

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

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

8. Full name of father James Henry Porter  
Residence of father (if deceased so state) Plainfield Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Nelen Florence Jones  
Residence of mother (if deceased so state) Plainfield Ind.  
Birthplace of mother (State or foreign country) Indiana

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

Signed Kathy Lynn Porter

New Address 9825 W. Washington, 46231

Subscribed and sworn to before me this 8 day of March, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

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

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the  
HENDRICKS County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ 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 12th day of March, 1983, authorizing the joining together as husband and wife  
David Edward Clark and Kathy Lynn Porter

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, James Porter hereby certify that on the 12th day of March  
one thousand nine hundred and eighty-three at Plainfield, County of Hendricks  
State of Indiana, Groom David Edward Clark at Hendricks, County, State of Indiana  
and, Bride Kathy Lynn Porter of Hendricks, County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 12th day of March, 1983

Signed /s/James Porter  
Lay-Minister, Church of Christ

Official Designation 14th day of March, 1983  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 85  
File 3-8-83  
Date of Application

MALE  
Medical Examination Report Dated 3-7-83  
Name of Physician J. C. Kerlin

FEMALE  
Medical Examination Report Dated 3-7-83  
Name of Physician J. 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 Michael D. Goldman  
Date of Birth Aug 22 1960  
Place of Birth (State or foreign country) Ind.  
Residence Address Rt 8 Box 372, Letts Ind.  
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. Kerlin

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

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

8. Full name of father James R. Goldman  
Residence of father (if deceased so state) Danville Ind.  
Birthplace of father (State or foreign country) Ind.

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

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

Signed Michael D. Goldman  
New Address RR Box 372 #28 Letts Ind.

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

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

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

**FEMALE APPLICANT**

Name Cammie Lou Harmon  
Date of Birth July 7 1964  
Place of Birth (State or foreign country) Utah  
Residence Address 5 Northview Dr. Danville Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

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

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

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

9. Full maiden name of mother Mary Keapen  
Residence of mother (if deceased so state) Danville Ind.  
Birthplace of mother (State or foreign country) Wyo.

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

Signed Cammie Lou Harmon  
New Address RR #18 Box 372 #28 Letts Ind.

Subscribed and sworn to before me this 8 day of Mar, 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, HENDRICKS } ss:  
County of HENDRICKS

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE** HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 15 day of March, 1983, authorizing the joining together as husband and wife of Michael D. Goldman and Cammie Lou Harmon.

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

I, Stanley A. Johnson hereby certify that on the 19th day of March, eighty-three at Danville, County of Hendricks State of Indiana, Groom Michael D. Goldman of Hendricks County, State of Indiana and, Bride Cammie Lou Harmon of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 19th day of March, 1983.

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

Signed /s/ Stanley A. Johnson  
Official Designation Minister  
22nd 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. 86  
File March 9, 1983  
Date of Application

**MALE**  
Medical Examination Report Dated 2-21-83  
Name of Physician Leonard I. Bnal

**FEMALE**  
Medical Examination Report Dated 2-21-83  
Name of Physician Leonard I. Bnal

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

**MALE APPLICANT**  
Name Dennis Allen Lydick  
Date of Birth September 30, 1961  
Place of Birth (State or foreign country) Indiana  
Residence Address R.R. #1 Box 393 City Chatterville 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

**FEMALE APPLICANT**  
Name Tracy Lea Eggers  
Date of Birth July 22, 1964  
Place of Birth (State or foreign country) Indiana  
Residence Address R.R. #1 Box 204 City Plainfield County Hendricks State Indiana  
Previous Marital Status: Never Married ☒ OR ☐  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

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

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

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

8. Full name of father John Arthur Eggers  
Residence of father (if deceased so state) Plainfield, In  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Carolyn Arne Springate  
Residence of mother (if deceased so state) Plainfield, In  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Dennis Allen Lydick  
New Address 3129 Crabtree Lane Plainfield  
Subscribed and sworn to before me this 9 day of March, 1983  
Mary Jane Russell Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Tracy Lea Eggers  
New Address 3129 Crabtree Lane Plainfield  
Subscribed and sworn to before me this 9 day of March, 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.

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

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE** HENDRICKS Circuit Court  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 14th day of March, 1983, authorizing the joining together as husband and wife of Dennis Allen Lydick and Tracy Lea Eggers.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, E. Ted Spencer hereby certify that on the 18th day of March,  
one thousand nine hundred and eighty-three at Amo, County of Hendricks,  
State of Indiana, Groom Dennis Allen Lydick of Hendricks County, State of Indiana  
and, Bride Tracy Lea 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 \_\_\_\_\_ County.  
Dated this 18th day of March, 1983

Signed /s/E. Ted Spencer  
Official Designation Pastor, Amo United Methodist Church  
25th day of March, 1983  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 87  
File March 9, 1983  
Date of Application

MALE  
Medical Examination Report Dated 2-24-83  
Name of Physician Mr. Thomas Walker, Md.

FEMALE  
Medical Examination Report Dated 2-24-83  
Name of Physician Mr. 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 Ernest R. Bewley Jr.  
Date of Birth March 6, 1947  
Place of Birth (State or foreign country) Indiana  
Residence Address 809 York Rd. Brownsburg, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) James Hulse (picture)

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

Michael Joseph  
James Marshall  
Wendy Deanne

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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. Bewley Sr.

Residence of father (if deceased so state): Indianapolis, Ind.

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Bertie Lee Bruce

Residence of mother (if deceased so state): Indianapolis, Ind.

Birthplace of mother (State or foreign country): Indiana

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

County of HENDRICKS

Signed Ernest R. Bewley Jr.  
New Address 809 York Rd. Brownsburg, Ind.

Subscribed and sworn to before me this 9 day of March, 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, HENDRICKS } ss:  
County of HENDRICKS

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

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

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

\_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name Kathleen Ann Stoddard  
Date of Birth November 20, 1951  
Place of Birth (State or foreign country) La Porte, Ind.  
Residence Address 809 York Rd. Brownsburg, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) James Hulse (picture)

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

James Benjamin

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 N. Miller

Residence of father (if deceased so state): Kouts, Ind.

Birthplace of father (State or foreign country): La Porte, Ind. (Stark Co.)

9. Full maiden name of mother: Werna Jean Gibson

Residence of mother (if deceased so state): La Porte, Ind.

Birthplace of mother (State or foreign country): La Porte, Ind.

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

County of HENDRICKS

Signed Kathleen Ann Stoddard  
New Address 809 York Rd. Brownsburg, Ind.

Subscribed and sworn to before me this 9 day of March, 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, HENDRICKS } ss:  
County of HENDRICKS

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

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

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

\_\_\_\_\_  
Clerk

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 March, 1983, authorizing the joining together as husband and wife of Ernest Bewley Jr. and Kathleen A. Stoddard.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, C. Raymond Earle hereby certify that on the 15th day of April, one thousand nine hundred and eighty-three at Indianapolis, County of Marion, State of Indiana, Groom Ernest R. Bewley Jr. of Hendricks County, State of Indiana and, Bride Kathleen Ann Stoddard of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.  
Dated this 15 day of April, 1983.

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1983

Signed 15/ C. Raymond Earle  
Official Designation Minister  
Signed Mary Jane Russell  
HENDRICKS Circuit Court



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

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 88

File

Date of Application

MALE

Medical Examination Report Dated 3-2-83

Name of Physician Herbert Hill, M.D.

FEMALE

Medical Examination Report Dated 3-3-83

Name of Physician Herbert Hill, M.D.

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

## MALE APPLICANT

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

☐ Other (Specify)

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

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

8. Full name of father: Bud Clay Cox

Residence of father (if deceased so state): Indianapolis, Ind.

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Patricia Lucille McKinnon

Residence of mother (if deceased so state): Indianapolis, Ind.

Birthplace of mother (State or foreign country): Indiana

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

Signed: Michael D. Cox

New Address: 3239 Moller Rd

Subscribed and sworn to before me this 10 day of March, 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, HENDRICKS } ss:  
County of

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 19

Clerk

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the of Indiana dated the 19th day of March, 1983, authorizing the joining together as husband and wife

Michael D. Cox

and Trina L. Maynard

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

1. Rev. Donald Tyler

hereby certify that on the 19th day of March

one thousand nine hundred and eighty-three

at Brownsburg

County of Hendricks

State of Indiana, Groom Michael D. Cox

of Marion

County, State of Indiana

and, Bride Trina L. Maynard

of Hendricks

County, State of HENDRICKS

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of County.

Dated this 19th day of March, 1983

Signed /s/ Rev. Donald Tyler  
Baptist Minister

Official Designation 22nd day of March, 1983

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 89  
File \_\_\_\_\_  
Date of Application \_\_\_\_\_

MALE  
Medical Examination Report Dated 3-5-83  
Name of Physician Joseph Terlin

FEMALE  
Medical Examination Report Dated 3-5-83  
Name of Physician Joseph Terlin

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

## MALE APPLICANT

Name Randall E. Summers  
Date of Birth April 11 1955  
Place of Birth (State or foreign country) Ind.  
Residence Address Rt 1 Box 120 Clayton Ind.  
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. Terlin
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☐ Yes ☐
  - Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☐ Yes ☐

List the full names of any dependent children:  
Randall E. Summers, Jr.  
Christopher A. Summers

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

If answer is "yes", it is required that this Application be 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 T. Summers  
Residence of father (if deceased so state): deceased

Birthplace of father (State or foreign country): Ind.

9. Full maiden name of mother: Chloe Staerdt  
Residence of mother (if deceased so state): Clayton, Ind.

Birthplace of mother (State or foreign country): Ind.

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

Signed Randall E. Summers

New Address Rt 2 Box 365 Camby, Ind.

Subscribed and sworn to before me this 10 day of Mar, 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, HENDRICKS ss:  
County of \_\_\_\_\_

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

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

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

## FEMALE APPLICANT

Name Barbara E. Carter  
Date of Birth April 8 1956  
Place of Birth (State or foreign country) Ind.  
Residence Address Rt 2 Box 365 Camby, Ind.  
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. Terlin
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☐ Yes ☐
  - Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☐ Yes ☐

List the full names of any dependent children.

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

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Ray R. Wilson  
Residence of father (if deceased so state): deceased

Birthplace of father (State or foreign country): Ky

9. Full maiden name of mother: Clara Pelley  
Residence of mother (if deceased so state): Camby, Ind.

Birthplace of mother (State or foreign country): Ky

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

Signed Barbara E. Carter

New Address Rt 2 Box 365 Camby, Ind.

Subscribed and sworn to before me this 10 day of Mar, 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, HENDRICKS ss:  
County of \_\_\_\_\_

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

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

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_  
of Indiana dated the 10th day of March, 1983, authorizing the joining together as husband and wife  
Randall E. Summers and Barbara E. Carter  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. James D. Clayton hereby certify that on the 12th day of March  
one thousand nine hundred and eighty-three at West Newton, County of Marion  
State of Indiana, Groom Randall E. Summers at Hendricks, County, State of Indiana  
and, Bride Barbara E. Carter of Morgan, County, State of Indiana  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_  
County.  
Dated this 12th day of March, 1983.

Signed /s/Rev. James D. Clayton

Official Designation Pastor  
16th day of March, 1983

Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

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



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

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

No. 90  
File \_\_\_\_\_

**MALE**  
Medical Examination Report Dated 2-28-83  
Name of Physician Ralburn Evans

**FEMALE**  
Medical Examination Report Dated 2-28-83  
Name of Physician Ralburn Evans

Date of Application \_\_\_\_\_

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

**MALE APPLICANT**

Name Bruce A. Williams  
Date of Birth Aug 26 1954  
Place of Birth (State or foreign country) Ind.  
Residence Address 8515 E 300th City Brownstown State Ind.  
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. Laine

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

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

8. Full name of father George F. Williams  
Residence of father (if deceased so state) Brownstown, Ind.  
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Virginia Schell  
Residence of mother (if deceased so state) Brownstown, Ind.  
Birthplace of mother (State or foreign country) Ind.

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

Signed Bruce A. Williams  
New Address P.O. Box 142 Indianapolis 46234

Subscribed and sworn to before me this 11 day of Mar, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

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

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

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

**FEMALE APPLICANT**

Name Diane J. Atkinson  
Date of Birth April 30 1953  
Place of Birth (State or foreign country) Ind.  
Residence Address P.O. Box 142 City Shippensburg State Ind.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

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

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

8. Full name of father Harry Powell  
Residence of father (if deceased so state) Shippensburg, Ind.  
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Betty Sutton  
Residence of mother (if deceased so state) Shippensburg, Ind.  
Birthplace of mother (State or foreign country) Ind.

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

Signed Diane J. Atkinson  
New Address P.O. Box 142 Shippensburg 46234

Subscribed and sworn to before me this 11 day of Mar, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

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

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

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 \_\_\_\_\_ day of \_\_\_\_\_, 1983, authorizing the joining together as husband and wife

Bruce A. Williams and Diane J. Atkinson  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

Willis R. Howard hereby certify that on the 25th day of March, 1983, at Avon, County of Hendricks, State of Indiana

one thousand nine hundred and eighty-three of Hendricks County, State of Indiana

State of Indiana, Groom Bruce A. Williams of Hendricks County, State of Indiana  
and, Bride Diane J. Atkinson of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 25th day of March, 1983  
Signed /s/Willis R. Howard  
Official Designation Minister, 1983

Filed and recorded in accordance with the laws of the State of Indiana this 28th 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. 91

File

Date of Application

**MALE**  
Medical Examination Report Dated 3-4-83  
Name of Physician George Curry

**FEMALE**  
Medical Examination Report Dated 3-4-83  
Name of Physician George Curry

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

**MALE APPLICANT**

Name Debra Bruce Callahan  
Date of Birth Feb 28 1961  
Place of Birth (State or foreign country) Ind.  
Residence Address 138 N. Vine Plainfield Ind.  
Previous Marital Status: Never Married ☐ OR ☒ Divorce ☐ Annulment ☐  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

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

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

Signed

New Address

Subscribed and sworn to before me this 11 day of Mar, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed

Father

Signed

Mother

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

**FEMALE APPLICANT**

Name Angelina Mae Harvey  
Date of Birth Oct 25 1945  
Place of Birth (State or foreign country) Ind.  
Residence Address 11004 W. Brunswick Grays Harbor Ind.  
Previous Marital Status: Never Married ☒ OR ☐ Divorce ☐ Annulment ☐  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

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

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

Signed

New Address

Subscribed and sworn to before me this 11 day of Mar, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed

Father

Signed

Mother

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be 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 \_\_\_\_\_, 19\_\_\_\_, at \_\_\_\_\_, County of \_\_\_\_\_, State of Indiana, Groom \_\_\_\_\_ and, Bride \_\_\_\_\_ of \_\_\_\_\_ County, State of \_\_\_\_\_ were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ HENDRICKS County.  
Dated this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Signed \_\_\_\_\_ Official Designation \_\_\_\_\_ 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. 92  
File 3-11-83  
Date of Application

MALE  
Medical Examination Report Dated 3-9-83  
Name of Physician Dreist

FEMALE  
Medical Examination Report Dated 3-10-83  
Name of Physician Stegmoller

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

MALE APPLICANT

Name James Robert Claude Smith  
Date of Birth May 2 1962  
Place of Birth (State or foreign country) Indpls.  
Residence Address 1242 Sigbee Indpls Mar. In  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

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

8. Full name of father Charles Russell Smith  
Residence of father (if deceased so state) Pied.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Delores Mae Smith Weather  
Residence of mother (if deceased so state) Indpls.  
Birthplace of mother (State or foreign country) Indpls.

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

Signed James Robert Claude Smith  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 11 day of March, 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, } ss:  
County of HENDRICKS

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

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

FEMALE APPLICANT

Name Cindy Louise Stahl  
Date of Birth June 1962  
Place of Birth (State or foreign country) Indpls.  
Residence Address 64 Green Hills Dr. B'burg Ind In  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

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

8. Full name of father Edward D. Stahl Jr.  
Residence of father (if deceased so state) Indiana  
Birthplace of father (State or foreign country) New York  
9. Full maiden name of mother Suzanne Delores Ware  
Residence of mother (if deceased so state) B'burg  
Birthplace of mother (State or foreign country) Indiana

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

Signed Cynthia Louise Stahl  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 11 day of March, 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, } ss:  
County of HENDRICKS

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 18 day of March, 1983, authorizing the joining together as husband and wife of James Robert Claude Smith and Cindy Louise Stahl.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, George W. Davis, hereby certify that on the 26th day of March,  
one thousand nine hundred and eighty-three at Brownsburg, County of Hendricks,  
State of Indiana, Groom James Robert Claude Smith of Hendricks County, State of Indiana  
and, Bride Cynthia Louise Stahl of Hendricks County, State of HENDRICKS  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 26th day of March, 1983.

Signed /s/George W. Davis  
United Methodist Minister  
Official Designation \_\_\_\_\_, 1983

Filed and recorded in accordance with the laws of the State of Indiana this 29th day of March, 19\_\_\_\_  
Signed Mary Jane Russell HENDRICKS Circuit Court



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

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

No. 93  
File 3-14-83  
Date of Application

MALE  
Medical Examination Report Dated 3-5-83  
Name of Physician Thomas Walker

FEMALE  
Medical Examination Report Dated 3-5-83  
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 Michael Joseph Mendenhall  
Date of Birth May 11 1955  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address 118 N. Green Apt 1, Brownsburg Ind.  
Previous Marital Status: Never Married ☐ OR ☒  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

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

Signed Michael Joseph Mendenhall  
New Address 118 N. Green St. Brownsburg  
Subscribed and sworn to before me this 14 day of March, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Mary Jo Drollinger  
Date of Birth May 25 1963  
Place of Birth (State or foreign country) Vermilion County Ill.  
Residence Address 31 Acorn Dr., Brownsburg Ind.  
Previous Marital Status: Never Married ☒ OR ☐  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

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

8. Full name of father Richard Ace Drollinger  
Residence of father (if deceased so state) Brownsburg, Ind.  
Birthplace of father (State or foreign country) Illinois  
9. Full maiden name of mother Rosalee Mary Whaley  
Residence of mother (if deceased so state) Brownsburg, Ind.  
Birthplace of mother (State or foreign country) Indiana

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

Signed Mary Jo Drollinger  
New Address 118 N. Green St. Apt 1  
Subscribed and sworn to before me this 14 day of March, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ HENDRICKS Circuit Court of Indiana dated the 18th day of March, 1983, authorizing the joining together as husband and wife of Michael Joseph Mendenhall and Mary Jo Drollinger.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Dennis L. Dodson hereby certify that on the 26th day of March, one thousand nine hundred and eighty-three at Brownsburg, County of Hendricks, State of Indiana, Groom Michael Joseph Mendenhall of Hendricks County, State of Indiana and, Bride Mary Jo Drollinger of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 26th day of March, 1983.

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

Signed /s/ Rev. Dennis L. Dodson  
Official Designation Minister, 1983  
30th day of March  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 94

File

3-15-83  
Date of Application

## MALE

Medical Examination Report Dated 3-8-83  
Name of Physician Larry D. Lovell MD.

## FEMALE

Medical Examination Report Dated 3-8-83  
Name of Physician Larry D. Lovell MD.

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

## MALE APPLICANT

Name First Middle Last  
Michael Patrick Lehr  
Date of Birth Month Day Year  
March 31 1955  
Place of Birth (State or foreign country)  
Indiana  
Residence Address Street or R. R. City County State  
RR 2 Box 143 Danville Hendricks IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

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

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

8. Full name of father John J. Lehr  
Residence of father (if deceased so state) 818 W. Main, Danville IN  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Patricia Jean Goreman  
Residence of mother (if deceased so state) 818 W. Main Danville IN  
Birthplace of mother (State or foreign country) Indiana

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

Signed Michael P Lehr

New Address RR 2 Box 143

Subscribed and sworn to before me this 15th day of March, 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, Hendricks } ss:  
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1983  
Clerk

## FEMALE APPLICANT

Name First Middle Last  
Connie Lynn Bruce  
Date of Birth Month Day Year  
June 15 1958  
Place of Birth (State or foreign country)  
Indiana  
Residence Address Street or R. R. City County State  
RR 2 Box 143 Danville Hendricks IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

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

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

8. Full name of father James B. Stultz  
Residence of father (if deceased so state) RR 2 Box 139 Danville, IN  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Carolynne Joan Elkins  
Residence of mother (if deceased so state) RR 2 Box 139 Danville, IN  
Birthplace of mother (State or foreign country) Indiana

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

Signed Connie Lynn Bruce

New Address RR 2 Box 143, Danville, IN

Subscribed and sworn to before me this 16th day of March, 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, Hendricks } ss:  
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1983  
Clerk

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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 17th day of March, 1983, authorizing the joining together as husband and wife

Michael Patrick Lehr

Connie Lynn Bruce

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 17th day of March, 1983

Mary Jane Russell

17th day of March

one thousand nine hundred and eighty-three hereby certify that on the 17th day of March, 1983, County of Hendricks

State of Indiana, Groom Michael Patrick Lehr at Danville, County of Hendricks

and, Bride Connie Lynn Bruce of Hendricks, County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks

Dated this 17th day of March, 1983

Signed /s/ Mary Jane Russell

Clerk, Hendricks County

Official Designation 22nd day of March, 1983

Signed Mary Jane Russell Clerk Hendricks Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 95  
File \_\_\_\_\_  
Date of Application 3-15-83

MALE  
Medical Examination Report Dated 3-8-83  
Name of Physician Haggard

FEMALE  
Medical Examination Report Dated 3-8-83  
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 Paul Thomas Bothwell Jr.  
Date of Birth 11 18 1962  
Place of Birth (State or foreign country) California  
Residence Address 18 Wilson Dr. Morrisville Morgan Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Bothwell Sr.  
Residence of father (if deceased so state) Morrisville Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Betsy Delores Newkirk  
Residence of mother (if deceased so state) Morrisville Ind.  
Birthplace of mother (State or foreign country) Indiana  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Paul T Bothwell Jr.

New Address PO Box Clayton, Ind 46118

Subscribed and sworn to before me this 15 day of March, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

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

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

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

Clerk

## FEMALE APPLICANT

Name Kathy C. Christian  
Date of Birth 8 8 1959  
Place of Birth (State or foreign country) Greencastle Ind.  
Residence Address RR1 Box 207 Clayton Hend Ind  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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. Christian  
Residence of father (if deceased so state) Clayton, Ind.  
Birthplace of father (State or foreign country) Virginia  
9. Full maiden name of mother Sheran Sue Eilar  
Residence of mother (if deceased so state) Clayton Ind.  
Birthplace of mother (State or foreign country) Indiana  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Kathy Christian

New Address PO Box Clayton Ind 46118

Subscribed and sworn to before me this 15 day of March, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

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

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

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

Clerk

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the 21st day of March, 1983, authorizing the joining together as husband and wife of Paul Thomas Bothwell, Jr. and Kathy C. Christian.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Daniel L. French hereby certify that on the 26th day of March, one thousand nine hundred and eighty-three at Indianapolis, County of Marion, State of Indiana, Groom Paul Thomas Bothwell, Jr. of Morgan County, State of Indiana and, Bride Kathy Christine Christian of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 26th day of March, 1983.

Signed /s/Daniel L. French  
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29th 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. 96  
File Mar. 15, 1983  
Date of Application

MALE  
Medical Examination Report Dated 3-10-83  
Name of Physician Eric Clark

FEMALE  
Medical Examination Report Dated 3-14-83  
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 Dennis W. Wilson  
Date of Birth Oct 17 1927  
Place of Birth (State or foreign country) In  
Residence Address 4874 Hawthorne Way, Plainedale, Ind.  
Previous Marital Status: Never Married ☐ OR ☒  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. License

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

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

8. Full name of father Alvin Wilson  
Residence of father (if deceased so state) deceased  
Birthplace of father (State or foreign country) In  
9. Full maiden name of mother Flossie Clark  
Residence of mother (if deceased so state) deceased  
Birthplace of mother (State or foreign country) Mo

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

Signed Dennis W. Wilson  
New Address 4874 Hawthorne Way

Subscribed and sworn to before me this 15 day of Mar, 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, HENDRICKS ss:

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

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

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

## FEMALE APPLICANT

Name Norma J. Hogg  
Date of Birth April 9 1934  
Place of Birth (State or foreign country) In  
Residence Address 4874 Hawthorne Way, Plainedale, Ind.  
Previous Marital Status: Never Married ☐ OR ☒  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. License

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

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

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

Signed Norma J. Hogg  
New Address 4874 Hawthorne Way

Subscribed and sworn to before me this 15 day of Mar, 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, HENDRICKS ss:

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

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

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 21 day of March, 1983 authorizing the joining together as husband and wife Dennis W. Wilson and Norma J. Hogg

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Howard D. Allen hereby certify that on the 26th day of March,  
one thousand nine hundred and eighty-three at Avon, County of Hendricks,  
State of Indiana, Groom Dennis W. Wilson of Hendricks County, State of Indiana  
and, Bride Norma J. Hogg of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 26th day of March, 1983

Signed /s/Rev. Howard J. Allen  
Official Designation Elder-Avon United Methodist Church  
29th day of March, 1983  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

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



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

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

No. 97  
File March 16, 1983  
Date of Application

**MALE**  
Medical Examination Report Dated 3-8-83  
Name of Physician David B. Sheppard M.D.

**FEMALE**  
Medical Examination Report Dated 3-8-83  
Name of Physician David B. Sheppard 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 Mark Jay Stewart  
Date of Birth March 4, 1951  
Place of Birth (State or foreign country) Indiana  
Residence Address RR #1 Box 116 North Salem, Ind.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

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

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

Signed Mark Jay Stewart  
New Address RR1 Box 116 North Salem, Ind.

Subscribed and sworn to before me this 16 day of March, 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, HENDRICKS } ss:  
County of

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

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

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

\_\_\_\_\_, Clerk

**FEMALE APPLICANT**

Name Christine Louise Jenkins  
Date of Birth February 13, 1958  
Place of Birth (State or foreign country) Indiana  
Residence Address RR #1 Box 116 North Salem, Ind.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

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

8. Full name of father Herbert Ray Jenkins  
Residence of father (if deceased so state) Plattsburg, Ind.  
Birthplace of father (State or foreign country) Ohio  
9. Full maiden name of mother Hattie Lou Bryan  
Residence of mother (if deceased so state) Plattsburg, Ind.  
Birthplace of mother (State or foreign country) Ohio

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

Signed Christine Louise Jenkins  
New Address RR1 Box 116 North Salem, Ind.

Subscribed and sworn to before me this 16 day of March, 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, HENDRICKS } ss:  
County of

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

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

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

\_\_\_\_\_, Clerk

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the 22nd day of March, 1983, authorizing the joining together as husband and wife of Mark Jay Stewart and Christine Louise Jenkins.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
1. Rev. William P. Hendricks hereby certify that on the 26th day of March, 1983, at Washington Township, County of Hendricks, State of Indiana, Groom Mark Jay Stewart and, Bride Christine Louise Jenkins of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 26th day of March, 1983.

Signed /s/Rev. William P. Hendricks  
Official Designation Minister, Avon Christian Church  
30th day of March, 1983  
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 98  
File 3-16-83  
Date of Application

MALE  
Medical Examination Report Dated 3-8-83  
Name of Physician Alana B. Haggard, M.D.

FEMALE  
Medical Examination Report Dated 2-21-83  
Name of Physician Alana M. 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 Alan Jay Banks  
Date of Birth 1 22 1962  
Place of Birth (State or foreign country) Indpls. Ind.  
Residence Address 303 Ellis, Plainfield, Ind. 46168  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

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

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

8. Full name of father Randall J. Banks  
Residence of father (if deceased so state) Morrown, Indiana  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Mary A. Brinksneder  
Residence of mother (if deceased so state) Morrown, Indiana  
Birthplace of mother (State or foreign country) Indiana

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

X Signed Alan Jay Banks

New Address 303 Ellis apt Plainfield Ind

Subscribed and sworn to before me this 16th day of March, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

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

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

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

FEMALE APPLICANT

Name Tina Marie Souders  
Date of Birth 12 28 1963  
Place of Birth (State or foreign country) Plainfield, Ind.  
Residence Address 1613 Section St, Plainfield, Ind. 46168  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

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

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

8. Full name of father Richard J. Souders  
Residence of father (if deceased so state) Plainfield, Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Yona M. Ricoff  
Residence of mother (if deceased so state) Plainfield, Ind.  
Birthplace of mother (State or foreign country) Indiana

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

X Signed Tina Marie Souders

New Address 303 Ellis apt Plainfield, Ind.

Subscribed and sworn to before me this 16th day of March, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

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

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 16th day of March, 1983, authorizing the joining together as husband and wife  
Alan Jay Banks and Tina Marie Souders

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

I, Dewey A. Thackston hereby certify that on the 16th day of March,  
one thousand nine hundred and eighty-three at Plainfield, County of Hendricks  
State of Indiana, Groom Alan Jay Banks of Hendricks County, State of Indiana  
and, Bride Tina Marie Souders of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_  
County, \_\_\_\_\_  
Dated this 16th day of March, 1983

Signed /s/Dewey A. Thackston  
Official Designation Minister of the Gospel

23rd day of March, 1983  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

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



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

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

No. 99  
File 3-18-83  
Date of Application

**MALE**  
Medical Examination Report Dated 3-11-83  
Name of Physician Nation

**FEMALE**  
Medical Examination Report Dated March 11, 1983  
Name of Physician Robert D. Nation

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

**MALE APPLICANT**

Name John J. Jozefowski  
Date of Birth May 19, 1957  
Place of Birth (State or foreign country) Indiana  
Residence Address 1524 James Dr. - Plyd. Hend. Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☒ Other (Specify) Drivers License w/picture

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

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

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

Signed John J. Jozefowski  
New Address 1524 James Drive

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

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE** HENDRICKS Circuit Court  
of Indiana dated the 25 day of March, 1983, authorizing the joining together as husband and wife  
John J. Jozefowski and Diane L. Strang  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Mitchell C. Gieselman  
one thousand nine hundred and eighty-three hereby certify that on the 26th day of March  
State of Indiana, Groom John J. Jozefowski at Plainfield, County of Hendricks  
and, Bride Diane Lynn Strang of Marion County, State of Indiana  
County Hendricks County, State of HENDRICKS

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_  
Dated this 26th day of March, 1983

Signed /s/ Mitchell C. Gieselman  
Official Designation Minister  
29th day of March, 1983  
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

**FEMALE APPLICANT**

Name Diane Lynn Strang  
Date of Birth May 14, 1954  
Place of Birth (State or foreign country) Plymouth, In  
Residence Address 438-C Lakeside Dr. Plyd. 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 Durwood Stanley Strang  
Residence of father (if deceased so state) Plyd.  
Birthplace of father (State or foreign country) Lyons, In  
9. Full maiden name of mother Agnes Friend  
Residence of mother (if deceased so state) Plyd.  
Birthplace of mother (State or foreign country) Ohio

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

Signed X Diane Lynn Strang  
New Address \_\_\_\_\_

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

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

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 100  
File  
Date of Application 3-18-83

MALE  
Medical Examination Report Dated 3-15-83  
Name of Physician Baker

FEMALE  
Medical Examination Report Dated 3-15-83  
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 Harry Middle H. Last Reuschel  
Date of Birth Month 9 Day 24 Year 1919  
Place of Birth (State or foreign country) Helle Germany  
Residence Address Street or R. R. City County State  
19 Tulip Dr. B'burg Hend Ind.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

Other (Specify) Drivers License w/picture

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

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

8. Full name of father Fritz Reuschel  
Residence of father (if deceased so state) Deceased  
Birthplace of father (State or foreign country) Germany  
9. Full maiden name of mother Kunze Eliza  
Residence of mother (if deceased so state) Deceased  
Birthplace of mother (State or foreign country) Germany

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

Signed Harry H. Reuschel  
New Address 19 Tulip Dr. B'burg

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

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

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

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

## FEMALE APPLICANT

Name First Virginia Middle S. Last Simmons  
Date of Birth Month 3 Day 16 Year 1954  
Place of Birth (State or foreign country) Greencastle Ind.  
Residence Address Street or R. R. City County State  
518 Endeavor Ave #5 B'burg Hend Ind.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

Other (Specify) Drivers License w/picture

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

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

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

Signed Virginia S. Simmons  
New Address 19 Tulip Dr. B'burg, Ind.

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

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

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

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Hendricks Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 22 day of March 1983, authorizing the joining together as husband and wife

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

hereby certify that on the 22nd day of March, one thousand nine hundred and eighty-three, at Danville, County of Hendricks, State of Indiana, Groom Harry H. Reuschel, of Hendricks, County, State of Indiana, and, Bride Virginia S. Simmons, of Hendricks, County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 22nd day of March 1983  
Signed /s/ Mary Jane Russell  
Hendricks County Clerk

Official Designation 22nd day of March 1983  
Signed Mary Jane Russell Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1983



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 101  
File  
Date of Application March 18, 1983

MALE  
Medical Examination Report Dated 3-17-83  
Name of Physician A. N. Sussler, M.D.

FEMALE  
Medical Examination Report Dated 3-17-83  
Name of Physician A. N. Sussler, M.D.

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

MALE APPLICANT  
Name Richard Lee Spellman  
Date of Birth January 17, 1962  
Place of Birth (State or foreign country) Indiana  
Residence Address 1328 Wagon Wheel Dr. Brownsburg, Ind.  
Previous Marital Status Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by ☐ Birth Certificate ☐ Judicial Decree

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

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

8. Full name of father: James R. O'Reilly  
Residence of father (if deceased so state): Brownsburg, Ind.  
Birthplace of father (State or foreign country): Ohio  
9. Full maiden name of mother: Sandra Kay Wagon  
Residence of mother (if deceased so state): Brownsburg, Ind.  
Birthplace of mother (State or foreign country): Indiana

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

Signed Richard Lee Spellman  
New Address 538 Enderly Ave Apt #3  
Subscribed and sworn to before me this 18 day of March, 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, HENDRICKS } ss:  
County of  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

FEMALE APPLICANT  
Name Beth Sue Chambers  
Date of Birth September 24, 1962  
Place of Birth (State or foreign country) Indiana  
Residence Address 538 Enderly Ave Apt 3 Brownsburg, Ind.  
Previous Marital Status Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

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

8. Full name of father: Jimmie Wayne Chambers  
Residence of father (if deceased so state): Brownsburg, Ind.  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Juanita Sue Voiles  
Residence of mother (if deceased so state): Brownsburg, Ind.  
Birthplace of mother (State or foreign country): Tennessee

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

Signed Beth Sue Chambers  
New Address 538 Enderly Ave Apt #3  
Subscribed and sworn to before me this 18 day of March, 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, HENDRICKS } ss:  
County of  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 22nd day of March, 1983, authorizing the joining together as husband and wife  
Richard Lee Spellman and Beth Sue Chambers  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, George W. Davis hereby certify that on the 26th day of March, 1983, at Brownsburg, Indiana, County of Hendricks, State of Indiana, Groom Richard Lee Spellman and, Bride Beth Sue Chambers 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 March, 1983.

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

Signed /s/George Davis  
Official Designation United Methodist Minister  
29th day of March, 1983  
Signed Mary Jane Russell HENDRICKS Circuit Court



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 102

File

Date of Application Mar. 21, 1983

MALE  
Medical Examination Report Dated 3-16-83  
Name of Physician Lloyd Miller

FEMALE  
Medical Examination Report Dated 3-16-83  
Name of Physician Lloyd 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 Middle Last  
Tracy Allan Heath  
Date of Birth Month Day Year  
June 30 1941  
Place of Birth (State or foreign country) Ind.  
Residence Address Street or R. R. City County State  
Rt 18 Box 357B Appleton  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

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

8. Full name of father: Robert P. Heath  
Residence of father (if deceased so state): Appleton, Ind.

Birthplace of father (State or foreign country): Ind.

9. Full maiden name of mother: Janice Keller  
Residence of mother (if deceased so state): Appleton, Ind.

Birthplace of mother (State or foreign country): Ind.

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

Signed Tracy Allan Heath

New Address: 5720 Port au Prince Apt B Indpls

Subscribed and sworn to before me this 21 day of Mar. 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, Hendricks } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1983

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 25th day of March, 1983, authorizing the joining together as husband and wife of Tracy Allan Heath and Marcia Ann Young

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

I, Jerry R. Nash hereby certify that on the 9th day of April

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

and, Groom, Tracy Allan Heath of Hendricks, County, State of Indiana

and, Bride, Marcia Ann Young of Hendricks, County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 9th day of April, 1983

Signed /s/ Jerry R. Nash Pastor

Official Designation 11th day of April, 1983

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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



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

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

No. 103  
File 3-21-83  
Date of Application

**MALE**  
Medical Examination Report Dated 3-17-83  
Name of Physician Hadley

**FEMALE**  
Medical Examination Report Dated 3-17-83  
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 Kris Michael Schoen  
Date of Birth Aug 31 1961  
Place of Birth (State or foreign country) Texas  
Residence Address 1222 Ridgewood Ct. Pinedale Ind  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

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

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

Signed Kris M Schoen

New Address 1222 Ridgewood Ct Pinedale

Subscribed and sworn to before me this 21 day of March, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

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

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

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

Clerk

**FEMALE APPLICANT**

Name Marrinda Lavone Hall  
Date of Birth Aug 31 1961  
Place of Birth (State or foreign country) Texas  
Residence Address 3309 St Rd 144 Mooresville Ind Morgan  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) driver's lic

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

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

9. Full maiden name of mother Shirley Mozelle Phibbs  
Residence of mother (if deceased so state) Mooresville  
Birthplace of mother (State or foreign country) Anderson, Ind

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

Signed Marrinda L. Hall

New Address 3309 St Rd 144 Mooresville Ind

Subscribed and sworn to before me this 21 day of March, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

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

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

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

Clerk

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ HENDRICKS Circuit Court of Indiana dated the 25th day of March, 1983.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, James D. Wilson \_\_\_\_\_ hereby certify that on the 7th day of April, 1983, authorizing the joining together as husband and wife

one thousand nine hundred and eighty-three at Plainfield \_\_\_\_\_, County of Hendricks  
State of Indiana, Groom Kris Michael Schoen \_\_\_\_\_ of Hendricks \_\_\_\_\_ County, State of Indiana  
and, Bride Marrinda Lavone Hall \_\_\_\_\_ of Morgan \_\_\_\_\_ County, State of Indiana  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ HENDRICKS County.

Dated this 7th day of April, 1983

Signed s./James D. Wilson

Official Designation Minister \_\_\_\_\_, 1983  
13th day of April

Signed Mary Jane Russell \_\_\_\_\_ HENDRICKS Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 104

File

3-21-83  
Date of Application

MALE

Medical Examination Report Dated 3-16-83

Name of Physician K. Spicklemire, M.D.

FEMALE

Medical Examination Report Dated 3-16-83

Name of Physician K. Spicklemire, 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 N. Last Elrod  
Date of Birth Month 10 Day 12 Year 1959  
Place of Birth (State or foreign country) Columbus, Ohio  
Residence Address 536 S. 8th, Terre Haute, Ind.  
Previous Marital Status Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Private Pilot License

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

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

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

9. Full maiden name of mother Margaret Ann Meluskey  
Residence of mother (if deceased so state) Indiana  
Birthplace of mother (State or foreign country) Pennsylvania

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

Signed John L. Elrod  
New Address 536 S. 8th, Terre Haute, Ind.

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

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

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

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

Clerk

FEMALE APPLICANT

Name First Tamara Middle A. Last Lopossa  
Date of Birth Month 3 Day 13 Year 1961  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address R.R. #1, Box 487, Plainfield, Ind.  
Previous Marital Status Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Driver's License

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

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

8. Full name of father Martin Howard Lopossa  
Residence of father (if deceased so state) unknown  
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Beverly Jane Cherry  
Residence of mother (if deceased so state) Plainfield, Ind.  
Birthplace of mother (State or foreign country) Indiana

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

Signed Tamara A. Lopossa  
New Address 536 S. 8th, Terre Haute, Ind.

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

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

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

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

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued \_\_\_\_\_ 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 30 day of March, 1983, authorizing the joining together as husband and wife

John L. Elrod and Tamara A. Lopossa

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

1, William R. Clayton hereby certify that on the 30th day of April, 1983, at Plainfield, Hendricks County, State of Indiana, Groom John L. Elrod and, Bride Tamara A. Lopossa of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 30th day of April, 1983

Signed /s/ William R. Clayton  
Pastor

Official Designation \_\_\_\_\_, 19 83  
4th day of May

Signed Mary Jane Russell HENDRICKS Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 105  
File 3-21-83  
Date of Application

MALE  
Medical Examination Report Dated 3-15-83  
Name of Physician Baker

FEMALE  
Medical Examination Report, Dated 3-4-83  
Name of Physician Pulkey

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

## MALE APPLICANT

Name Robert Lance Berry  
Date of Birth May 2 1960  
Place of Birth (State or foreign country) Indpls  
Residence Address R.R. 3 Box 251 Danville Hend IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

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

8. Full name of father Robert William Berry  
Residence of father (if deceased so state) Indpls.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Betty Jean Duacan  
Residence of mother (if deceased so state) Indpls.  
Birthplace of mother (State or foreign country) Indpls.

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

Signed Robert Lance Berry  
New Address RR 3 Box 251 Danville

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

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

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

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

\_\_\_\_\_  
Clerk

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ HENDRICKS Circuit Court of Indiana dated the 25th day of March, 1983, authorizing the joining together as husband and wife of Robert Lance Berry and Kelly Jo Butler

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Kenneth E. Vettters hereby certify that on the 26th day of March

one thousand nine hundred and eighty-three at Danville County of Hendricks  
State of Indiana, Groom Robert Lance Berry of Hendricks County, State of Indiana

and, Bride Kelly Jo Butler of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ HENDRICKS County.

Dated this 26th day of March, 1983

Signed /s/Rev. Kenneth E. Vettters  
Official Designation Pastor, Bartlett Chapel United Methodist

Filed and recorded in accordance with the laws of the State of Indiana this 28th day of March, 1983  
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

## FEMALE APPLICANT

Name Kelly Jo Butler  
Date of Birth May 30 1962  
Place of Birth (State or foreign country) Indpls  
Residence Address R.R. 3 Box 251 Danville Hend IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Darwin Butler  
Residence of father (if deceased so state) Danville  
Birthplace of father (State or foreign country) Indpls.  
9. Full maiden name of mother Carolyn Sue Johnson  
Residence of mother (if deceased so state) Danville  
Birthplace of mother (State or foreign country) Indpls.

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

Signed Kelly Jo Butler  
New Address RR 3 Box 251 Danville

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

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

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

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

\_\_\_\_\_  
Clerk



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 106  
File \_\_\_\_\_  
Date of Application 3-21-83

MALE  
Medical Examination Report Dated 3-17-83  
Name of Physician Monroe

FEMALE  
Medical Examination Report Dated 3-17-83  
Name of Physician Monroe

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

## MALE APPLICANT

Name Bruce W. Schlehuser  
Date of Birth 12 Month 10 Day 1955 Year  
Place of Birth (State or foreign country) Columbus Ind.  
Residence Address 23 Richfield Ln. Danville Hend. Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

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

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

8. Full name of father Donald Wayne Schlehuser  
Residence of father (if deceased so state) Plt. Ind.  
Birthplace of father (State or foreign country) Columbus, Ind.  
9. Full maiden name of mother Clara Gene Lunsford  
Residence of mother (if deceased so state) Plt. Ind.  
Birthplace of mother (State or foreign country) Martinsville Ind.

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

Signed Bruce W. Schlehuser

New Address 23 Richfield Ln. Danville Ind.

Subscribed and sworn to before me this 21 day of March, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

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

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

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

## FEMALE APPLICANT

Name Pam S. Sherry Breeding  
Date of Birth 4 Month 11 Day 1961 Year  
Place of Birth (State or foreign country) Safeville Ind.  
Residence Address 23 Richfield Ln. Danville Hend. Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) \_\_\_\_\_

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

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

8. Full name of father Garold Max Sherry  
Residence of father (if deceased so state) Little Ground Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Carol Sue Pierce  
Residence of mother (if deceased so state) Plt. Ind.  
Birthplace of mother (State or foreign country) Indiana

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

Signed Pam Breeding

New Address 23 Richfield Ln. Danville Ind.

Subscribed and sworn to before me this 21 day of March, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

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

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior #2 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 HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 21 day of March, 1983, authorizing the joining together as husband and wife of Bruce W. Schlehuser and Pamela S. Breeding

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

1. Rev. Bruce A. Brown hereby certify that on the 24th day of March, 1983, at Plainfield, County of Hendricks, State of Indiana, Groom Bruce Wayne Schlehuser of Hendricks County, State of Indiana and, Bride Pamela Sherry Breeding of Hendricks County, State of HENDRICKS

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 24th day of March, 1983

Signed /s/ Bruce A. Brown  
Official Designation Pastor, Whitelick U.P. Church  
28th day of March, 1983

Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

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



Form Prescribed By  
Indiana State Board of  
Health under authority  
of I.C. 30-5-2  
Effective July 1, 1957

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 107  
File 322-83  
Date of Application

MALE  
Medical Examination Report Dated 3-16-83  
Name of Physician J. Thomas Venn MD.

FEMALE  
Medical Examination Report Dated 2-11-83  
Name of Physician J. Thomas Venn MD.

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

MALE APPLICANT  
Name First Middle Last  
Larry Ronald Dunivan  
Date of Birth Month Day Year  
April 14 1941  
Place of Birth (State or foreign country)  
Beechgrove Ind.  
Residence Address Street or R. R. City County State  
RR #2 Box 73 Coatesville Ind.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

Jimmy  
Ronda  
Hebra

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

9. Full maiden name of mother: Gleason Wells  
Residence of mother (if deceased so state): Rosedale  
Birthplace of mother (State or foreign country): Ind.

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

Signed Larry R. Dunivan  
New Address RR #2 Box 73 Coatesville Ind.

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

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

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

FEMALE APPLICANT  
Name First Middle Last  
Pam Jo Smith  
Date of Birth Month Day Year  
April 17 1960  
Place of Birth (State or foreign country)  
Beechgrove Ind.  
Residence Address Street or R. R. City County State  
RR #2 Box 73 Coatesville Ind.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

Crystal  
Amanda

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

9. Full maiden name of mother: Paul Holcomb  
Residence of mother (if deceased so state): Greenwood  
Birthplace of mother (State or foreign country): Beechgrove

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

Signed Pam J. Smith  
New Address RR #2 Box 73 Coatesville Ind.

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

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court  
of Indiana dated the 22 day of March, 1983, authorizing the joining together as husband and wife  
of Larry R. Dunivan and Pam J. Smith

I, Myron Barnard hereby certify that on the 2nd day of April  
one thousand nine hundred and eighty-three at Indianapolis, County of Marion  
State of Indiana, Groom Larry Ronald Dunivan of Hendricks County, State of Indiana  
and, Bride Pam Jo Smith of Johnson County, State of Indiana  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of  
County, State of HENDRICKS  
Dated this 2nd day of April, 1983.

Signed /s/ Myron Barnard  
Official Designation Judge  
5th day of April, 1983  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 108

File

March 22, 1983  
Date of Application

MALE

Medical Examination Report Dated 3-22-83

Name of Physician J. Thomas Viree, M.D.

FEMALE

Medical Examination Report Dated 3-22-83

Name of Physician J. Thomas Viree, M.D.

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

MALE APPLICANT

Name First Michael R. Middle Runnells Last  
Date of Birth Month 10 Day 9 Year 1963  
Place of Birth (State or foreign country) Indianapolis  
Residence Address R.R. 1 Box 279 Coatesville, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify):

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

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

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

Signed Michael R. Runnells

New Address R.R. 1 Box 279 Coatesville

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

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

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

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

FEMALE APPLICANT

Name First Corina K. Middle Borrego Last  
Date of Birth Month 10 Day 2 Year 1964  
Place of Birth (State or foreign country) Putnam  
Residence Address R.R. 2 Box 106 Coatesville, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify):

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

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

8. Full name of father: Thomas R. Borrego  
Residence of father (if deceased so state): Student Putnam  
Birthplace of father (State or foreign country): Putnam, Ind.  
9. Full maiden name of mother: Sandra Kay Howell  
Residence of mother (if deceased so state): Coatesville, Ind.  
Birthplace of mother (State or foreign country): Indiana

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

Signed Corina K. Borrego

New Address R.R. 1 Box 279 Coatesville

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

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

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

Subscribed and sworn to before me this 23 day of March, 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 Court by written order issued 3 day warning and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the

of Indiana dated the 23 day of March, 1983, authorizing the joining together as husband and wife Michael R. Runnells and Corina K. Borrego

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 23rd day of March

I, Robert E. Jones hereby certify that on the 23rd day of March, County of Putnam

one thousand nine hundred and eighty-three at Fillmore, County of Indiana

State of Indiana, Groom Michael R. Runnells of Hendricks County, State of Indiana

and, Bride Corina K. Borrego of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of

Dated this 23rd day of March, 1983

Signed /s/ Robert E. Jones  
Pastor, Christian Church

Official Designation 28th day of March, 1983

Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 108

File

Date of Application

MALE

Medical Examination Report Dated 3-22-83

Name of Physician J. Thomas Viree, M.D.

FEMALE

Medical Examination Report Dated 3-22-83

Name of Physician J. Thomas Viree, M.D.

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

MALE APPLICANT

Name First Michael R. Middle Last Runnells  
Date of Birth Month 10 Day 9 Year 1963  
Place of Birth (State or foreign country) Indianapolis  
Residence Address Rte 1 Box 279 City State  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

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

If answer is "yes", it is required that this Application be 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 L. Runnells

Residence of father (if deceased so state) Castlesville, Pa.

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother

Residence of mother (if deceased so state)

Birthplace of mother (State or foreign country)

State of Indiana, HEN

County of

New

Subscribed and sworn to before me this

day of

1983

Consent of Parents

We, the parents, of this

sign, state facts which

authorize the issuance of a marriage license to the above named parties.

State of Indiana, HENDRICKS

County of

Signed

Signed

Subscribed and sworn to before me this

day of

1983

Clerk

FEMALE APPLICANT

Name First Corina K. Middle Last Borrego  
Date of Birth Month 10 Day 2 Year 1964  
Place of Birth (State or foreign country) Putnam  
Residence Address Rte 2 Box 106 City State  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

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

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Thomas R. Borrego

Residence of father (if deceased so state) Putnam, Indiana

Birthplace of father (State or foreign country) Putnam, Indiana

I, Sandra K. Peters, hereby give my consent for my Daughter, Corina K. Borrego to marry Michael R. Runnells.

Sandra K. Peters  
Subscribed and sworn to before me this 23rd day of March 1983

PHYLLIS LONES SCHILLING  
Notary Public State of Indiana  
My Commission Expires Feb. 15, 1986  
Issued Then Indiana Notary Assoc.

Phyllis Lones Schilling  
Notary Public

State of Indiana, HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this

day of

1983

Clerk

State of Indiana, HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this

23 day of March 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, Indiana Court by written order issued 3 day warning and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the

of Indiana dated the 23 day of March, 1983, authorizing the joining together as husband and wife

Michael R. Runnells and Corina K. Borrego

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

I, Robert E. Jones hereby certify that on the 23rd day of March

one thousand nine hundred and eighty-three at Fillmore County of Putnam

State of Indiana, Groom Michael R. Runnells of Hendricks County, State of Indiana

and, Bride Corina K. Borrego of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of

County, HENDRICKS

Dated this 23rd day of March, 1983

Signed /s/ Robert E. Jones  
Pastor, Christian Church

Official Designation 28th day of March 1983

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 109  
File  
March 22, 1983  
Date of Application

MALE  
Medical Examination Report Dated March 17, 1983  
Name of Physician M.D. Scamahorn M.D.

FEMALE  
Medical Examination Report Dated March 17, 1983  
Name of Physician M.D. Scamahorn

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

## MALE APPLICANT

Name First Albert Middle Thompson Last  
Date of Birth Month Sept. Day 28 Year 1957  
Place of Birth (State or foreign country) Greencastle, Ind.  
Residence Address Street or R. R. R. R. # 1 Box 1130 City North Salem, Ind. State  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

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

8. Full name of father Richard Allen Thompson  
Residence of father (if deceased so state) North Salem, Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Clara Maude Wilson  
Residence of mother (if deceased so state) North Salem, Ind.  
Birthplace of mother (State or foreign country) Indiana

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

Signed Albert Keith Thompson  
New Address P.O. Box 19, Pittsboro, Ind.

Subscribed and sworn to before me this 22nd day of March, 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, Hendricks } ss:  
County of

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

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

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

\_\_\_\_\_  
Clerk

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 March, 1983, authorizing the joining together as husband and wife of Albert Keith Thompson and Melinda Shirley Cain

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

I, Rev. John Thomas Sexton, hereby certify that on the 26th day of March, one thousand nine hundred and eighty-three, at Pittsboro, Hendricks County, State of Indiana, Groom Albert Keith Thompson of Hendricks County, State of Indiana, and, Bride Melinda Shirley Cain 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 March, 1983

Signed/s/ John Thomas Sexton  
Ordained Minister

Official Designation 30th day of March, 1983

Signed Mary Jane Russell Hendricks Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 110

File

3-23-83

Date of Application

MALE

Medical Examination Report Dated 3-14-83

Name of Physician Scamahorn

FEMALE

Medical Examination Report Dated 3-14-83

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 Charles Richard Cloud  
Date of Birth Feb. 14 1962  
Place of Birth (State or foreign country) Indpls.  
Residence Address R.R. 1 Box 240 Pittsboro Hend In

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) drivers lic

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

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

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Richard Lee Cloud, Jr.

Residence of father (if deceased so state) Pittsboro

Birthplace of father (State or foreign country) Indpls.

9. Full maiden name of mother Judith Ann Lee

Residence of mother (if deceased so state) Pittsboro

Birthplace of mother (State or foreign country) Indpls.

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

County of HENDRICKS

Signed Charles Richard Cloud

New Address Linton, In.

Subscribed and sworn to before me this 23 day of March, 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, HENDRICKS ss:

County of HENDRICKS

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

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

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

\_\_\_\_\_, Clerk

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

\_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the \_\_\_\_\_ day of \_\_\_\_\_, 1983, authorizing the joining together as husband and wife

Charles Richard Cloud and Nancy Jo Leathers

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

I, Rev. John Thomas Sexton hereby certify that on the 2nd day of April

one thousand nine hundred and eighty-three at Pittsboro, County of Hendricks

State of Indiana, Groom Charles Richard Cloud of Hendricks County, State of Indiana

and, Bride Nancy Jo Leathers of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 2nd day of April, 1983

Signed /s/ Rev. John Thomas Sexton

Ordained Minister

Official Designation 4th day of April, 1983

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 111

File

3-23-83

Date of Application

MALE

Medical Examination Report Dated 3-8-83

Name of Physician Scamahorn

FEMALE

Medical Examination Report Dated 3-8-83

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 Robert Ray Gorrell  
Date of Birth Month 10 Day 20 Year 1958  
Place of Birth (State or foreign country) Crawfordsville Ind.  
Residence Address R.R. 1 Ladoga Montgomery Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

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

8. Full name of father Charles H. Gorrell  
Residence of father (if deceased so state) Ladoga Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Emogene M. Nicholson  
Residence of mother (if deceased so state) Ladoga Ind.  
Birthplace of mother (State or foreign country) Indiana

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

Signed

New Address R.R. 1 Ladoga Indiana

Subscribed and sworn to before me this 23 day of March, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ HENDRICKS Circuit Court of Indiana dated the 28 day of March, 1983 authorizing the joining together as husband and wife of Robert Ray Gorrell and Kathy Lynn Wathen.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. John M. Hall hereby certify that on the 16th day of April, one thousand nine hundred and eighty-three at Brownsburg, County of Hendricks, State of Indiana, Groom Robert Ray Gorrell of Putnam County, State of Indiana and, Bride Kathy L. Wathen of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 16th day of April, 1983.

Signed /s/ Rev. John M. Hall

Official Designation Catholic Priest  
19th day of April, 1983

Signed Mary Jane Russell HENDRICKS Circuit Court

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

Clerk



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 112

File

Date of Application March 23 1983

MALE

Medical Examination Report Dated 3-21-83  
Name of Physician Thomas Walker

FEMALE

Medical Examination Report Dated 3-21-83  
Name of Physician Thomas Walker

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

MALE APPLICANT

Name First Middle Last  
Donald W. Simpson  
Date of Birth Month Day Year  
March 25 1956  
Place of Birth (State or foreign country)  
Brownsburg, Ind.  
Residence Address Street or R. R. City County State  
3261 Lupton Dr. Brownsburg Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

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

8. Full name of father: Wayne Edwin Simpson  
Residence of father (if deceased so state): Brownsburg, Ind.  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Willa Elizabeth Malone  
Residence of mother (if deceased so state): Brownsburg, Ind.  
Birthplace of mother (State or foreign country): Indiana

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

Signed Donald W. Simpson  
New Address 3261 Lupton Dr.

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

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

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

FEMALE APPLICANT

Name First Middle Last  
Kim W. Tabler  
Date of Birth Month Day Year  
March 5 1961  
Place of Birth (State or foreign country)  
Brownsburg, Ind.  
Residence Address Street or R. R. City County State  
2550 Elm Ch. Brownsburg Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

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

8. Full name of father: Glenn Julian Tabler  
Residence of father (if deceased so state): Brownsburg, Ind.  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Willa Elizabeth Malone  
Residence of mother (if deceased so state): Brownsburg, Ind.  
Birthplace of mother (State or foreign country): Indiana

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

Signed Kim W. Tabler  
New Address 3261 Lupton Dr.

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

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the  
HENDRICKS County Court by written order issued \_\_\_\_\_ 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 March, 1983, authorizing the joining together as husband and wife  
of Donald W. Simpson and Kim W. Tabler

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

Rev. Donald Tyler hereby certify that on the 1st day of April  
one thousand nine hundred and eighty-three at Brownsburg County of Hendricks  
State of Indiana, Groom Donald W. Simpson of Marion County, State of Indiana  
and, Bride Kim D. Tabler of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of  
County.  
Dated this 1st day of April, 1983

Signed /s/ Rev. Donald Tyler  
Baptist Minister

Official Designation 4th day of April, 1983  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 113

File

3-23-83

Date of Application

MALE

Medical Examination Report Dated

3-11-83

Name of Physician

Edwards

FEMALE

Medical Examination Report Dated

3-14-83

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 Keith K. Hall  
Date of Birth 7 3 1956  
Place of Birth (State or foreign country) Louisville Ky  
Residence Address RR1 Box 345 Clayton Hend Ind.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

Other (Specify)

Drivers License w/picture

1. Are you now or have you ever been adjudged to be of unsound mind?

No ☐ Yes ☐

If answer is "yes", has the adjudication been removed?

No ☐ Yes ☐

2. Are you afflicted with a transmissible disease?

No ☐ Yes ☐

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

No ☐ Yes ☐

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

No ☐ Yes ☐

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

No ☐ Yes ☐

6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children?

No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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 Lawrence HallResidence of father (if deceased so state) Louisville KyBirthplace of father (State or foreign country) Kentucky9. Full maiden name of mother Julie Ann GriffinResidence of mother (if deceased so state) Louisville KyBirthplace of mother (State or foreign country) Kentucky

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

Signed

Keith K. Hall

New Address

RR1 Box 345 Clayton, IN 46118

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

Signed

Father

Signed

Mother

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

Clerk

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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 30 day of March, 1983 authorizing the joining together as husband and wife of Keith K. Hall and Rhonda S. Owen

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

I, Steven W. Ranson hereby certify that on the 16th day of April, 1983 at Clayton, County of Hendricks State of Indiana and, Bride Rhonda S. Owen of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 16th day of April, 1983.

Signed /s/ Steven W. Ranson

Official Designation Minister

20th day of April, 1983

Signed

Mary Jane Russell

HENDRICKS

Clerk Circuit Court

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



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

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

No. 114  
File March 24 1983  
Date of Application

**MALE**  
Medical Examination Report Dated 3-24-83  
Name of Physician Eric Clark M.D.

**FEMALE**  
Medical Examination Report Dated 3-24-83  
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 Anthony R. Lucas  
Date of Birth October 28 1959  
Place of Birth (State or foreign country) Indiana  
Residence Address 221 S. Jefferson Danville, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) driver's license picture

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

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

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

9. Full maiden name of mother Mary Ann Kitch  
Residence of mother (if deceased so state) Indianapolis, Ind.  
Birthplace of mother (State or foreign country) Indiana

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

Signed Anthony R. Lucas  
New Address 221 S. Jefferson Danville

Subscribed and sworn to before me this 24 day of March, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

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

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

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

**FEMALE APPLICANT**

Name Cheryl D. Pridemore  
Date of Birth June 8 1952  
Place of Birth (State or foreign country) Indiana  
Residence Address 221 S. Jefferson Danville, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) driver's license picture

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

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

8. Full name of father John Webb Fickling  
Residence of father (if deceased so state) Bluffton, Ind.  
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Joyce Gayle Pace  
Residence of mother (if deceased so state) Bluffton, Ind.  
Birthplace of mother (State or foreign country) Ind. Albany, Ind.

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

Signed Cheryl D. Pridemore  
New Address 221 S. Jefferson Danville

Subscribed and sworn to before me this 24 day of March, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

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

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE** HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 24th day of March, 1983, authorizing the joining together as husband and wife of Anthony R. Lucas and Cheryl D. Pridemore.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer hereby certify that on the 2nd day of April,  
one thousand nine hundred and eighty-three at Danville, County of Hendricks,  
State of Indiana, Groom Anthony R. Lucas of Hendricks County, State of Indiana,  
and, Bride Cheryl D. Pridemore of Hendricks County, State of Indiana.

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 2nd day of April, 1983.

Signed /s/ John C. Mowrer  
Judge, Hendricks Superior Court #2  
Official Designation April, 1983

Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

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



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 20-2-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 115  
File 3-25-83  
Date of Application

MALE  
Medical Examination Report Dated 3-3-83  
Name of Physician Hasbrook

FEMALE  
Medical Examination Report Dated 3-3-83  
Name of Physician Hasbrook

ALL QUESTIONS MUST BE ANSWERED IN 11-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)"

## MALE APPLICANT

Name Arthur Ray Ratliff  
Date of Birth September 19, 1952  
Place of Birth (State or foreign country) Indiana  
Residence Address 3603 Clark Creek Rd. Greenwood, 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:  
Steven Ray Ratliff  
Robert Wayne Ratliff

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

9. Full maiden name of mother: Mary Mildred Hagler  
Residence of mother (if deceased so state): Greenwood, Ind.  
Birthplace of mother (State or foreign country): Indiana

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

Signed Arthur Ray Ratliff  
New Address 3603 Clark Creek Rd.

Subscribed and sworn to before me this 25 day of March, 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, HENDRICKS ss: \_\_\_\_\_

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

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

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

\_\_\_\_\_  
Clerk

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ HENDRICKS Circuit Court of Indiana dated the 31 day of March, 1983 authorizing the joining together as husband and wife

of Arthur Ray Ratliff and Virginia Victoria Luddington

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

I, Ronald Prilliman hereby certify that on the 9th day of April

one thousand nine hundred and eighty-three at Mooresville County of Morgan

State of Indiana, Groom Arthur Ray Ratliff of Johnson County, State of Indiana

and, Bride Virginia Victoria Luddington 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 April, 1983

Signed /s/Ronald Prilliman  
Official Designation Ordained Minister  
11th day of April, 1983

Signed Mary Jane Russell  
HENDRICKS Circuit Court

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

## FEMALE APPLICANT

Name Virginia Victoria Luddington  
Date of Birth July 28, 1955  
Place of Birth (State or foreign country) Indiana  
Residence Address 3603 Clark Creek Rd. Indianapolis  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Date of birth verified by ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

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

Richard Raymond Luddington  
Rhonda Gayle Luddington

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

9. Full maiden name of mother: Norma Louise James  
Residence of mother (if deceased so state): Indiana  
Birthplace of mother (State or foreign country): Indiana

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

Signed Virginia V. Luddington  
New Address 3603 Clark Creek Rd.

Subscribed and sworn to before me this 25 day of March, 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, HENDRICKS ss: \_\_\_\_\_

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

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

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

\_\_\_\_\_  
Clerk



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 114

File

Date of Application March 28, 1983

MALE

Medical Examination Report Dated 3-21-83

Name of Physician Thomas J. Mowrer MD

FEMALE

Medical Examination Report Dated 3-21-83

Name of Physician Thomas J. Mowrer MD

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

MALE APPLICANT

Name First Thomas Middle M. Last Sherred  
Date of Birth Month July Day 25 Year 1947  
Place of Birth (State or foreign country) Michigan  
Residence Address 1959 W. Morris Plainfield In City Plainfield County Hendricks State Indiana  
Previous Marital Status: Never Married ☒ OR ☐  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Divorce (picture)

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

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

8. Full name of father Thomas L. Sherred  
Residence of father (if deceased so state) Utica Michigan  
Birthplace of father (State or foreign country) Michigan  
9. Full maiden name of mother Bernice Shalby  
Residence of mother (if deceased so state) Michigan (Hazel Park)  
Birthplace of mother (State or foreign country) Michigan

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

Signed Thomas M. Sherred

New Address 1959 W. MORRIS PLAINFIELD

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

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

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

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

FEMALE APPLICANT

Name First Janet Middle R. Last Alford  
Date of Birth Month October Day 13 Year 1952  
Place of Birth (State or foreign country) Michigan  
Residence Address 1959 W. Morris Plainfield In City Plainfield County Hendricks State Indiana  
Previous Marital Status: Never Married ☒ OR ☐  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Divorce (picture)

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

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

8. Full name of father Barry Hopkins Alford  
Residence of father (if deceased so state) Plymouth, Mich.  
Birthplace of father (State or foreign country) Michigan  
9. Full maiden name of mother Ruth May Burger  
Residence of mother (if deceased so state) Mass City, Mich.  
Birthplace of mother (State or foreign country) Michigan

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

Signed Janet Alford

New Address 1959 W. MORRIS PLAINFIELD, IN

Subscribed and sworn to before me this 31 day of March, 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, Hendricks } ss:

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

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
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. Court by written order issued 3 day of March 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 31 day of March, 1983, authorizing the joining together as husband and wife of Thomas M. Sherred and Janet R. Alford

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

I, John C. Mowrer hereby certify that on the 31st day of March, at Danville, Hendricks County, State of Indiana, Groom Thomas M. Sherred of Hendricks County, State of Indiana and, Bride Janet R. Alford of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 31st day of March, 1983

Signed /s/ John C. Mowrer  
Judge

Official Designation 31st day of March, 1983  
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 117  
File 3-28-83  
Date of Application

MALE  
Medical Examination Report Dated 3-24-83  
Name of Physician Clark

FEMALE  
Medical Examination Report Dated 3-24-83  
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 James Middle Last Gehring  
Date of Birth Month November Day 15 Year 1965  
Place of Birth (State or foreign country) Indiana  
Residence Address 10030 233 Danville Hendricks IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

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

8. Full name of father: Martin Douglas Gehring  
Residence of father (if deceased so state): Texas  
Birthplace of father (State or foreign country): Kentucky  
9. Full maiden name of mother: Valma Darlene Decker  
Residence of mother (if deceased so state): Texas  
Birthplace of mother (State or foreign country): Kentucky

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

Signed James P. Gehring  
New Address 1127 Woodhaven St. Concord Tx.

Subscribed and sworn to before me this 28 day of March, 1983  
Mary Jane Russell Clerk HENDRICKS Circuit Court

## FEMALE APPLICANT

Name First Julie Middle Ann Last Walls  
Date of Birth Month November Day 9 Year 1965  
Place of Birth (State or foreign country) Indiana  
Residence Address 10030 233 Danville Hendricks IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

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

8. Full name of father: Lonnie Ray Walls  
Residence of father (if deceased so state): Danville, IN  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Brenda Arbutus Tomlinson  
Residence of mother (if deceased so state): Danville, IN  
Birthplace of mother (State or foreign country): Virginia

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

Signed Julie Walls  
New Address 1127 Woodhaven St. Concord Tx.

Subscribed and sworn to before me this 28 day of March, 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, Hendricks } ss:  
County of  
Signed Annie Walls Father  
Signed Brenda Walls Mother  
Subscribed and sworn to before me this 28 day of March, 1983  
Mary Jane Russell Clerk

ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued 3 day waiver and filed effects the issuance of a marriage license to the above named parties.

## MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 March, 1983, authorizing the joining together as husband and wife of James P. Gehring and Julie Ann Walls. Be it further remembered, the following marriage certificate was filed in my office, to-wit: Harlan Kincade one thousand nine hundred and eighty-three hereby certify that on the 29th day of March, 1983, at New Winchester, County of Hendricks, State of Indiana, Groom James P. Gehring and, Bride Julie Ann Walls, 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 29th day of March, 1983.

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of April, 1983.  
Signed/s/ Harlan Kincade Minister  
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court



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

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

No. 117  
File 3-28-83  
Date of Application

**MALE**  
Medical Examination Report Dated 3-24-83  
Name of Physician Clark

**FEMALE**  
Medical Examination Report Dated 3-24-83  
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 James Gehring  
Date of Birth November 15 1965  
Place of Birth (State or foreign country) Indiana  
Residence Address Box 233 Danville Hendricks IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

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

**FEMALE APPLICANT**  
Name Julie Ann Walls  
Date of Birth November 9 1965  
Place of Birth (State or foreign country) Indiana  
Residence Address Box 233 Danville Hendricks IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

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

**CONSENT OF PARENT OR GUARDIAN**  
(In presence of other authority)

THE STATE OF TEXAS

COUNTY OF Montgomery

I, the undersigned of Velma Gehring County Montgomery, do hereby certify that I am the parent/guardian of James Parker Gehring, a minor, who is 17 years of age, now applying to the County Clerk of Hendricks County, Texas, for a Marriage License, and I hereby, in the presence of

Doree Mosher Deputy Clerk  
consent and expressly agree to said above named minor's marriage to Julie Walls  
Dated this, the 25th day of MARCH, 19 83

Subscribed and sworn to before me this, the 25th day of MARCH, 19 83, by the above named parent/guardian.

#12247540  
1127 Wood Haven Est.  
Conroe TX 77381

By Ray Harris County Clerk  
By Rene Mosher Deputy Clerk

\*the county clerk, recorder, or other authority who issues marriage licenses, in and for any other county in the United States of America.

of Indiana dated the 29th day of March, 19 83, authorizing the joining of James P. Gehring and Julie Ann Walls as husband and wife.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Harlan Kincade hereby certify that on the 29th day of March,  
one thousand nine hundred and eighty-three at New Winchester, County of Hendricks,  
State of Indiana, Groom James P. Gehring of Hendricks County, State of Indiana,  
and, Bride Julie Ann Walls 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 29th day of March, 19 83.

Signed/s/ Harlan Kincade  
Official Designation Minister  
4th day of April, 19 83  
Signed Mary Jane Russell  
HENDRICKS Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 118

File

Mar. 28, 1983  
Date of Application

MALE

Medical Examination Report Dated 3-21-83

Name of Physician Leonard Boral

FEMALE

Medical Examination Report Dated 3-21-83

Name of Physician Leonard Boral

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

MALE APPLICANT

Name Evan Matthew Ross  
Date of Birth Feb 3 1941  
Place of Birth (State or foreign country) Indiana  
Residence Address 344 Northridge Dr Morgan Indiana  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

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

8. Full name of father Vincent A. Ross

Residence of father (if deceased so state) Spencer, In.

Birthplace of father (State or foreign country) Vermont

9. Full maiden name of mother Edith Manning

Residence of mother (if deceased so state) Spencer, In.

Birthplace of mother (State or foreign country) Kansas

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

Signed Evan M. Ross

New Address 344 Northridge Drive

Subscribed and sworn to before me this 28 day of Mar, 1983

Mary Sue Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

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

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

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

Clerk

FEMALE APPLICANT

Name Pamela Dee Russell  
Date of Birth Mar 27 1941  
Place of Birth (State or foreign country) Indiana  
Residence Address 1616 Black Cat Dr Plainfield Indiana  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

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

8. Full name of father Gerald W. Russell

Residence of father (if deceased so state) Plainfield, In.

Birthplace of father (State or foreign country) In.

9. Full maiden name of mother Ethel M. Clark

Residence of mother (if deceased so state) Plainfield, In.

Birthplace of mother (State or foreign country) In.

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

Signed Pamela D. Russell

New Address 344 Northridge Drive

Subscribed and sworn to before me this 28 day of Mar, 1983

Mary Sue Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

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

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

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

Clerk

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the \_\_\_\_\_ day of \_\_\_\_\_, 1983, authorizing the joining together as husband and wife

Evan Matthew Ross and Pamela Dee Russell

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

I, Dewey A. Thackston hereby certify that on the 9th day of April, 1983, at Plainfield, County of Hendricks, State of Indiana

one thousand nine hundred and eighty-three at Morgan, County, State of Indiana

State of Indiana, Groom Evan Matthew Ross of Hendricks County, State of Indiana

and, Bride Pamela Dee Russell of \_\_\_\_\_ County, State of \_\_\_\_\_

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 9th day of April, 1983

Signed /s/ Dewey A. Thackston  
Minister of the Gospel

Official Designation \_\_\_\_\_, 1983

Signed \_\_\_\_\_ HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of April, 1983



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

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

No. 119  
File Mar. 28, 1983  
Date of Application

**MALE**  
Medical Examination Report Dated 3-14-83  
Name of Physician Jan. Stenberger

**FEMALE**  
Medical Examination Report Dated 3-14-83  
Name of Physician Jan. Stenberger

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

**MALE APPLICANT**  
Name Myron Alan Turner  
Date of Birth Sept 27 1962  
Place of Birth (State or foreign country) Ind.  
Residence Address 631 N. Griswold Rd. Brownsburg Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

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

Signed Myron A. Turner  
New Address 631 N. Griswold Rd.  
Subscribed and sworn to before me this 28 day of Mar., 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**  
Name Janine Kay Campbell  
Date of Birth June 20 1960  
Place of Birth (State or foreign country) Ind.  
Residence Address 3125 N. 900E Brownsburg Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

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

Signed Janine K. Campbell  
New Address 631 N. Griswold Rd.  
Subscribed and sworn to before me this 28 day of Mar., 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_  
HENDRICKS County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ 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 April, 1983, authorizing the joining together as husband and wife  
Myron Alan Turner and Janine Kay Campbell  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Kenneth D. Cooper hereby certify that on the 15th day of April  
one thousand nine hundred and eighty-three at Brownsburg County of Hendricks  
State of Indiana, Groom Myron Alan Turner of Hendricks County, State of Indiana  
and, Bride Janine Kay Campbell of Hendricks County, State of Indiana  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_  
County. \_\_\_\_\_  
Dated this 15th day of April, 1983.

Signed /s/Kenneth D. Cooper  
Official Designation Minister  
18th day of April, 1983  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

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



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

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 120

File

Mar 29 1983  
Date of Application

## MALE

Medical Examination Report Dated 3-23-83

Name of Physician Harry Wolf

## FEMALE

Medical Examination Report Dated 3-23-83

Name of Physician Harry 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 David John Martin  
Date of Birth Oct 4 1955  
Place of Birth (State or foreign country) Ill.  
Residence Address 5254 Woodbrook Dr. NE Indianapolis, Ind.  
Previous Marital Status: Never Married ☐ OR ☒  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. James 316-64-3778

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

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

8. Full name of father: John J. Martin  
Residence of father (if deceased so state): Bedford, Ind.  
Birthplace of father (State or foreign country): Ill.

9. Full maiden name of mother: Juliette Madigan  
Residence of mother (if deceased so state): Bedford, Ind.  
Birthplace of mother (State or foreign country): Ill.

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

Signed David J. MartinNew Address 5254 Woodbrook Dr. Apt E

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

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

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

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

## FEMALE APPLICANT

Name Kelly Sue Classin  
Date of Birth Aug 30 1963  
Place of Birth (State or foreign country) Ind.  
Residence Address 1809 N. 650E Brownsburg, Ind.  
Previous Marital Status: Never Married ☐ OR ☒  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

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

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

8. Full name of father: Karl David Classin  
Residence of father (if deceased so state): Nustige, TX  
Birthplace of father (State or foreign country): Ind.

9. Full maiden name of mother: Joyce Hope De Witt  
Residence of mother (if deceased so state): Brownsburg, Ind.  
Birthplace of mother (State or foreign country): TX

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

Signed Kelly ClassinNew Address 5254 Woodbrook Dr. Apt E

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

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

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Hendricks Court by written order issued 3 day Warner 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 29 day of March, 1983, authorizing the joining together as husband and wife

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

I, L. Du Van Wagner hereby certify that on the 2 day of April, 1983, at Brownsburg County of Hendricks State of Indiana, Groom David John Martin and Bride Kelly Sue Classin of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 2 day of April, 1983. Signed L. Du Van Wagner Minister

Official Designation Minister day of April, 1983  
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 121  
File 3-29-83  
Date of Application

MALE  
Medical Examination Report Dated 3-24-83  
Name of Physician Scudder

FEMALE  
Medical Examination Report Dated 3-24-83  
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 David Clark Dill  
Date of Birth Feb. 7 1953  
Place of Birth (State or foreign country) Evanson, Ind  
Residence Address 336 S. Green B'burg Hend In  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

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

8. Full name of father: Julius Clark Dill  
Residence of father (if deceased so state): B'burg  
Birthplace of father (State or foreign country): Ill  
9. Full maiden name of mother: Elizabeth Gayne Smith  
Residence of mother (if deceased so state): B'burg  
Birthplace of mother (State or foreign country): Indiana

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

Signed: David C Dill  
New Address: 336 S GREEN B'BURG 46112

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

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 19

Clerk

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 16th day of April, 1983, authorizing the joining together as husband and wife of David Clark Dill and Barbara Ann Sharp.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Vernon Hoecker hereby certify that on the 16th day of April, 1983, at Cumberland, County of Marion, State of Indiana, Groom David Clark Dill and, Bride Barbara Ann Sharp 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 April, 1983.

Signed: /s/ Vernon Hoecker  
Official Designation: Pastor  
19th day of April, 1983  
Signed: Mary Jane Russell  
HENDRICKS Clerk Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 122  
File  
3-29-83  
Date of Application

MALE  
Medical Examination Report Dated 4-10-83  
Name of Physician Neely

FEMALE  
Medical Examination Report Dated 3-29-83  
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 David W. Ogles  
Date of Birth 3/6/1963  
Place of Birth (State or foreign country) Danville Ind  
Residence Address 1100 E. Lamar Apt 12 Arlington Tarrant TX  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

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

8. Full name of father: Dana Glenn Ogles  
Residence of father (if deceased so state): Clayton Ind.  
Birthplace of father (State or foreign country): Tennessee

9. Full maiden name of mother: Phoebe Frances Powell  
Residence of mother (if deceased so state): Clayton Ind.  
Birthplace of mother (State or foreign country): Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of: HENDRICKS  
Signed: David W. Ogles  
New Address: 1100 E. Lamar Blvd. Apt 127 Arlington, TX 76011  
Subscribed and sworn to before me this 13 day of April, 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, HENDRICKS } ss:  
County of: HENDRICKS  
Signed: \_\_\_\_\_ Father  
Signed: \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

FEMALE APPLICANT

Name Deborah K. Musson  
Date of Birth 2/22/1963  
Place of Birth (State or foreign country) Peru Ind.  
Residence Address RR 2 Box 313-2 Clayton Hend. Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

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

9. Full maiden name of mother: Marie J. Quast  
Residence of mother (if deceased so state): Clayton Ind.  
Birthplace of mother (State or foreign country): Illinois

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of: HENDRICKS  
Signed: Deborah K. Musson  
New Address: \_\_\_\_\_  
Subscribed and sworn to before me this 29 day of March, 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, HENDRICKS } ss:  
County of: HENDRICKS  
Signed: \_\_\_\_\_ Father  
Signed: \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued \_\_\_\_\_ 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 13 day of April, 1983, authorizing the joining together as husband and wife of David W. Ogles and Deborah K. Musson  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, John Parsons hereby certify that on the 16th day of April, 1983, at Bellville, County of Texas, State of Indiana, Groom: David Wayne Ogles of Tarrant County, State of Indiana and, Bride: Deborah Kay Musson of Hendricks County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 16th day of April, 1983.

Signed: /s/ John O. Parsons  
Pastor Elder  
Official Designation: 18th day of April, 1983  
Signed: Mary Jane Russell  
HENDRICKS Circuit Court Clerk

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



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

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

No. 123  
File 3-29-83  
Date of Application

**MALE**  
Medical Examination Report Dated 3-23-83  
Name of Physician Jackson

**FEMALE**  
Medical Examination Report Dated 3-28-83  
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 Jeffrey William Paton  
Date of Birth Oct 30 1959  
Place of Birth (State or foreign country) Indpls.  
Residence Address Box 42 Amo Ind In  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☒ Other (Specify) drivers lic  
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐  
6. List the full names of any dependent children.

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

Signed Jeffrey W Paton  
New Address Box 42 Amo, Ind.  
Subscribed and sworn to before me this 29 day of March, 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, HENDRICKS } ss:  
County of HENDRICKS  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County 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 29 day of March, 1983 authorizing the joining together as husband and wife of Jeffrey William Paton and Yvette Marie Halbert.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, John C. Mowrer hereby certify that on the 1st day of April, 1983 at Danville, County of Hendricks, State of Indiana, Groom Jeffrey William Paton of Hendricks County, State of Indiana and, Bride Yvette Marie Halbert of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.  
Dated this 1st day of April, 1983.

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of April, 1983.

Signed /s/ John C. Mowrer  
Official Designation Judge, Hendricks Superior Court #2  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

**FEMALE APPLICANT**

Name Yvette Marie Halbert  
Date of Birth Oct 15 1955  
Place of Birth (State or foreign country) Indpls.  
Residence Address Box 42 Amo Ind In  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☒ Other (Specify) drivers lic  
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐  
6. List the full names of any dependent children.  
Nicole Halbert

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Utter  
Residence of father (if deceased so state) Denver, Colorado  
Birthplace of father (State or foreign country) Ind  
9. Full maiden name of mother Loretta Loraine Simler  
Residence of mother (if deceased so state) Denver, Colorado  
Birthplace of mother (State or foreign country) Michigan  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS

Signed Yvette M. Halbert  
New Address Box 42 Amo, Ind  
Subscribed and sworn to before me this 29 day of March, 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, HENDRICKS } ss:  
County of HENDRICKS  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk



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

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 124

File

3-29-83

Date of Application

MALE

Medical Examination Report Dated

Name of Physician

N/A

FEMALE

Medical Examination Report Dated

Name of Physician

N/A

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

## MALE APPLICANT

Name Russell G. Headlee  
Date of Birth 6 1 1908  
Place of Birth (State or foreign country) Orange Twp. Rush Co. Ind.  
Residence Address Box 259 A Pittsboro Hend Ind.

Previous Marital Status: Never Married ☐ ORLast Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree☒ Other (Specify) Drivers license w/picture

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

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

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Salvator G. HeadleeResidence of father (if deceased so state) DeceasedBirthplace of father (State or foreign country) Indiana9. Full maiden name of mother Goldie Gudebbie GarnerResidence of mother (if deceased so state) DeceasedBirthplace of mother (State or foreign country) IndianaState of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.County of HENDRICKSSigned Russell G. Headlee

New Address

Subscribed and sworn to before me this 29 day of March, 1983Mary Jane Russell Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

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

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

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

Clerk

## FEMALE APPLICANT

Name Edna G. Briggs  
Date of Birth 12 19 1927  
Place of Birth (State or foreign country) Blackford Co. Ind.  
Residence Address 5110 N. 100th B'burg Hend Ind.

Previous Marital Status: Never Married ☐ ORLast Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree☒ Other (Specify) Drivers license w/picture

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

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

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Unknown

Residence of father (if deceased so state)

Birthplace of father (State or foreign country)

9. Full maiden name of mother Gladys Irene CurtisResidence of mother (if deceased so state) Hartford City, Ind.Birthplace of mother (State or foreign country) Blackford Co. Ind.State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.County of HENDRICKSSigned Edna G. Briggs

New Address

Subscribed and sworn to before me this 29 day of March, 1983Mary Jane Russell Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

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

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

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

Clerk

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 4th day of April, 1983, authorizing the joining together as husband and wife of Russell G. Headlee and Edna G. Briggs.

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

I, Sherman Essex hereby certify that on the 10th day of April, 1983, at Pittsboro, County of Hendricks, State of Indiana, Groom Russell G. Headlee of Hendricks County, State of Indiana, and, Bride Edna G. Briggs of Hendricks County, State of Indiana.

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 10th day of April, 1983.

Signed /s/ Sherman EssexOfficial Designation Minister12th day of April, 1983Signed Mary Jane Russell

HENDRICKS

Clerk

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



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

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

No. 125  
File Mar. 29, 1983  
Date of Application

**MALE**  
Medical Examination Report Dated 3-22-83  
Name of Physician John J. Miller

**FEMALE**  
Medical Examination Report Dated 3-22-83  
Name of Physician John J. 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 Brent Alan Walters  
Date of Birth Jan 2 1960  
Place of Birth (State or foreign country) Ind.  
Residence Address 4532 Candletree Circle Dr. Apt #20  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

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

8. Full name of father Robert A. Walters  
Residence of father (if deceased so state) Plainfield, Ind.  
Birthplace of father (State or foreign country) Ind.  
9. Full maiden name of mother Doris Balas  
Residence of mother (if deceased so state) Plainfield, Ind.  
Birthplace of mother (State or foreign country) Ind.

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

Signed Brent Alan Walters  
New Address 4532 Candletree Dr. Apt #20

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

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

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

**FEMALE APPLICANT**

Name Malorie Lynn Cobb  
Date of Birth Jan 4 1962  
Place of Birth (State or foreign country) Ind.  
Residence Address 491 Cambridge Rd. Plainfield  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

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

8. Full name of father Malcolm F. Cobb, Jr.  
Residence of father (if deceased so state) Plainfield, Ind.  
Birthplace of father (State or foreign country) Tenn.  
9. Full maiden name of mother Anita L. Lutton  
Residence of mother (if deceased so state) Plainfield, Ind.  
Birthplace of mother (State or foreign country) Tenn.

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

Signed Malorie Lynn Cobb  
New Address 4532 Candletree Dr. Apt #20

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

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the 4 day of April, 1983, authorizing the joining together as husband and wife of Brent Alan Walters and Malorie Lynn Cobb

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, William Spencer Gillespie hereby certify that on the 9th day of April

one thousand nine hundred and eighty-three at Plainfield, County of Hendricks  
State of Indiana, Groom Brent Alan Walters of Hendricks County, State of Indiana  
and, Bride Malorie Lynn Cobb of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 9th day of April, 1983.

Signed /s/ Wm. Spencer Gillespie  
Official Designation Pastor, First Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of April, 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. 126  
File  
3-31-83  
Date of Application

MALE  
Medical Examination Report Dated 3-28-83  
Name of Physician Martin

FEMALE  
Medical Examination Report Dated 3-28-83  
Name of Physician 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 Kevin Davidson  
Date of Birth 9 21 1963  
Place of Birth (State or foreign country) Lebanon Ind.  
Residence Address 1018 E. Edgewood B'burg Hend Ind  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

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

8. Full name of father Lawrence Davidson  
Residence of father (if deceased so state) deceased  
Birthplace of father (State or foreign country) ?  
9. Full maiden name of mother Peggy J. McClay  
Residence of mother (if deceased so state) B'burg, Ind.  
Birthplace of mother (State or foreign country) Michigan

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

Signed Kevin R. Davidson

New Address Brownsburg

Subscribed and sworn to before me this 31 day of March 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, HENDRICKS } ss:  
County of

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

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

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

## FEMALE APPLICANT

Name Ronica Owens  
Date of Birth 5 8 1964  
Place of Birth (State or foreign country) Sanville Ind.  
Residence Address 11010 Green B'burg Hend Ind  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

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

8. Full name of father Ronnie Lynn Owens  
Residence of father (if deceased so state) B'burg Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Anita Louise Birchum  
Residence of mother (if deceased so state) B'burg, Ind.  
Birthplace of mother (State or foreign country) Indiana

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

Signed Ronica S. Owens

New Address Brownsburg

Subscribed and sworn to before me this 31 day of March 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, HENDRICKS } ss:  
County of

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

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the  
HENDRICKS County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ 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 April, 1983, authorizing the joining together as husband and wife

Kevin Leo Davidson and Ronica Sue Owens  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, George Davis hereby certify that on the 9th day of April,  
one thousand nine hundred and eighty-three at Brownsburg County of Hendricks  
State of Indiana, Groom Kevin Leo Davidson of Hendricks County, State of Indiana  
and, Bride Ronica Sue Owens of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 9th day of April, 1983

Signed /s/George Davis  
Official Designation United Methodist Minister

14th day of April, 1983  
Signed Mary Jane Russell HENDRICKS Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 127  
File 3-31-83  
Date of Application

MALE  
Medical Examination Report Dated 3-23-83  
Name of Physician J. Steinberger

FEMALE  
Medical Examination Report Dated 3-23-83  
Name of Physician J. Steinberger

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

## MALE APPLICANT

Name First Middle Last  
John B. Griffith Jr.  
Date of Birth Month Day Year  
5 26 1945  
Place of Birth (State or foreign country)  
Morgan Co., Indiana  
Residence Address Street or R.R. City County State  
402 1/2 N. Jefferson, Danville, Ind.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
- Full name of father: John B. Griffith  
Residence of father (if deceased so state): Deceased  
Birthplace of father (State or foreign country): Kentucky
- Full maiden name of mother: Virginia Margaret Clarkston  
Residence of mother (if deceased so state): Mooresville, Ind.  
Birthplace of mother (State or foreign country): Indiana

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

Signed: John B. Griffith Jr.  
New Address: 538 Hickory Dr Danville  
Subscribed and sworn to before me this 31 day of March, 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, HENDRICKS } ss:  
County of: \_\_\_\_\_

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

## FEMALE APPLICANT

Name First Middle Last  
Sandra Fay Lambert  
Date of Birth Month Day Year  
5 28 1952  
Place of Birth (State or foreign country)  
Indpls., Indiana  
Residence Address Street or R.R. City County State  
538 Hickory Dr., Danville, Ind.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

Richard Dale Long  
Shannon Suzanne Long  
Kelly Elizabeth Lambert

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

Full maiden name of mother: Barbara Elizabeth Hickam  
Residence of mother (if deceased so state): Martinsville, Ind.  
Birthplace of mother (State or foreign country): Indiana

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

Signed: Sandra Fay Lambert  
New Address: 538 Hickory Drive Danville  
Subscribed and sworn to before me this 31 day of March, 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, HENDRICKS } ss:  
County of: \_\_\_\_\_

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ HENDRICKS Circuit Court of Indiana dated the 5th day of April, 1983, authorizing the joining together as husband and wife of John B. Griffith, Jr. and Sandra Fay Lambert.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Jon A. Stoltzfus, hereby certify that on the 9th day of April, 1983, at Danville, Hendricks County, State of Indiana, Groom John B. Griffith, Jr. and, Bride Sandra Fay Lambert of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 9th day of April, 1983.

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1983.

Signed: s/Rev. Jon A. Stoltzfus  
Official Designation: Pastor, Danville Christian Church  
13th day of April, 1983  
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, 1927

*Re-Marriage*  
STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 128  
File 3-31-83  
Date of Application

MALE  
Medical Examination Report Dated 3-31-83  
Name of Physician Norris

FEMALE  
Medical Examination Report Dated 3-31-83  
Name of Physician Norris

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

## MALE APPLICANT

Name Troy J. Fender  
Date of Birth 6 11 60  
Place of Birth (State or foreign country) Indiana  
Residence Address 248 W. Marion St. Danville Ind.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by ☐ Birth Certificate ☐ Judicial Decree

Other (Specify) Driver's License upstating

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
- If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Harley Jackson Fender  
Residence of father (if deceased so state) Danville Ind.  
Birthplace of father (State or foreign country) Ohio  
9. Full maiden name of mother Pauline Evelyn Insley  
Residence of mother (if deceased so state) Danville Ind.  
Birthplace of mother (State or foreign country) W. Virginia

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

Signed Troy J. Fender

New Address SAME

Subscribed and sworn to before me this 31 day of March, 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, HENDRICKS } ss:  
County of

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

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

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

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County 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 31 day of March, 1983, authorizing the joining together as husband and wife of Troy Thomas Fender and Mary Catherine Fender

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

one thousand nine hundred and eighty-three at North Salem County of Hendricks  
State of Indiana, Groom Troy Thomas Fender of Hendricks County, State of Indiana  
and, Bride Mary Catherine Fender 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, Indiana, dated this 1st day of April, 1983

Signed /s/Mary Jane Russell  
Clerk, Hendricks County  
Official Designation April, 1983  
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 129  
File 44-83  
Date of Application 3-29-83

MALE  
Medical Examination Report Dated 3-29-83  
Name of Physician Harris

FEMALE  
Medical Examination Report Dated 3-29-83  
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 Middle Last  
Randall C Shipman  
Date of Birth Month Day Year  
9 4 1958  
Place of Birth (State or foreign country) Indianapolis Ind.  
Residence Address Street or R. R. City County State  
R.R. Box 372 Lot 51 Indianapolis Hend Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☒ Other (Specify) Drivers license w/picture

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Herman Shipman  
Residence of father (if deceased so state) Indianapolis Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Doris Evelyn Bowlin  
Residence of mother (if deceased so state) Indianapolis Ind.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of Hendricks

Signed Randall C. Shipman  
New Address R.R. Box 372 Lot 51, Indpls., Ind. 46234

Subscribed and sworn to before me this 4 day of April 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, Hendricks } ss:  
County of Hendricks

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_.  
Clerk

FEMALE APPLICANT  
Name First Middle Last  
Barbara J. Burnett  
Date of Birth Month Day Year  
8 31 1944  
Place of Birth (State or foreign country) Greencastle Ind.  
Residence Address Street or R. R. City County State  
R.R. Box 372 Lot 51 Indianapolis 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 George Steve Burnett  
Residence of father (if deceased so state) Clayton Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Minnie Pearl Sumlin  
Residence of mother (if deceased so state) Clayton Ind.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of Hendricks

Signed Barbara J. Burnett  
New Address R.R. Box 372 Lot 51, Indpls., Ind. 46234

Subscribed and sworn to before me this 4 day of April 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, Hendricks } ss:  
County of Hendricks

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_.  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed \_\_\_\_\_  
HENDRICKS County \_\_\_\_\_ Court by written order issued \_\_\_\_\_

in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the \_\_\_\_\_ of the \_\_\_\_\_ of Indiana dated the 8th day of April 1983, authorizing the joining together as husband and wife

Randall C. Shipman and Barbara J. Burnett  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, D. Stephenson Bond

hereby certify that on the 16th day of April 1983, at Plainfield, County of Hendricks, State of Indiana, Groom Randall Charles Shipman, of Marion, County, State of Indiana, and, Bride Barbara Jane Burnett, of Hendricks, County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 16th day of April 1983.

Signed /s/ D. Stephenson Bond  
Official Designation Minister  
19th day of April 1983  
Signed Mary Jane Russell  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 130  
File \_\_\_\_\_  
Date of Application 4-4-83

MALE  
Medical Examination Report Dated 3-31-83  
Name of Physician Glenn W. Baker

FEMALE  
Medical Examination Report Dated 3-31-83  
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 Mark First M. Middle Templeton Last  
Date of Birth 17 Month 1964 Year  
Place of Birth (State or foreign country) Manassas, Va.  
Residence Address 8 Peggy Lane, Brownsburg, Ind. Street or R. R. City County State  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☐ Yes ☐
  - Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
  - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Charles M. Templeton  
Residence of father (if deceased so state): Brownsburg, Ind.  
Birthplace of father (State or foreign country): Sullivan, Ind.  
9. Full maiden name of mother: Cleta Lorraine Crick  
Residence of mother (if deceased so state): Vanalia, Illinois  
Birthplace of mother (State or foreign country): Illinois

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

X Signed Mark Templeton  
New Address 8 Peggy Lane Brownsburg, Ind.  
Subscribed and sworn to before me this 4th day of April, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name Christina First M. Middle Holcomb Last  
Date of Birth 4 Month 1966 Year  
Place of Birth (State or foreign country) Manassas, Va.  
Residence Address 33 West Mt. Brownsburg, Ind. Street or R. R. City County State  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☐ Yes ☐
  - Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
  - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Robert Bredeur Holcomb, Jr.  
Residence of father (if deceased so state): Miami Springs, Fla.  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Nancy Jean Kleiter  
Residence of mother (if deceased so state): Brownsburg, Ind.  
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

X Signed Christina M. Holcomb  
New Address 8 Peggy Lane Brownsburg, Ind.  
Subscribed and sworn to before me this 4th day of April, 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.

Parents are divorced, Matthew has consent.

State of Indiana, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the  
HENDRICKS County Circuit Court by written order issued 3 May Waverly Waverly and filed  
in Our 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 4th day of April, 1983, authorizing the joining together as husband and wife  
of Mark M. Templeton and Christina M. Holcomb  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
Gerry R. Nash hereby certify that on the 4th day of April,  
one thousand nine hundred and eighty-three at Brownsburg, County of Hendricks  
State of Indiana, Groom Mark M. Templeton of Hendricks County, State of Ind.  
and, Bride Christina M. Holcomb of Hendricks County, State of Ind.  
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 4 day of April, 1983

Signed Gerry R. Nash  
Official Designation Pastor - BCC  
day of April, 1983  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 130

File

4-4-83

Date of Application

FEMALE

Medical Examination Report Dated 3-31-83

Name of Physician Glenn W. Barw

t Dated 3-31-83

W. Barw

VERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined five hundred dollars (\$500.00)".

## MALE APPLICANT

Name M. Templeton  
Date of Birth 17 1964  
Place of Birth In.  
Residence Brownsburg, In.  
Previous Marriage OR  
Last Marriage OR  
Date of birth OR

1. Are you of unsound mind? No ☐ Yes ☐
2. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father M. Templeton

Residence Brownsburg, In.

Birthplace Sullivan, In.

9. Full maiden name of mother Sarraine Crick

Residence Ungalia, Illinois

Birthplace Illinois

State of Indiana HENDRICKS

County of HENDRICKS

Subscribed and sworn to before me this 4th day of April, 1983

Mary Jane Russell Clerk HENDRICKS Circuit Court

## CONSENT

We, the par

signs, state

State of Ind

County of

Subscribed a

## COMPLETE

in Cl

of Indiana

Be it furth

I, M. Templeton

one thousa

State of I

and, Brid

were by m

County.

Dated this

Filed and

I, Nancy J. Holcomb, hereby give my consent for  
my daughter Christina Marie Holcomb to  
marry Mark Merrill Templeton.

subscribed and sworn to before me this 30th day of March, 1983  
State of Indiana  
County of Hendricks

My commission expires 3-15-85  
resident of Putnam County

Nancy J. Holcomb  
Notary Public  
Margaret B. Thompson

there was filed in my office a marriage license issued by the clerk of the Hendricks County, State of Ind., authorizing the joining together as husband and wife of M. Templeton and Christina M. Holcomb on the 4th day of April, 1983.

Following marriage certificate was filed in my office, to-wit: Mark Merrill Templeton and Christina M. Holcomb at Brownsburg, County of Hendricks, State of Ind. on the 4th day of April, 1983.

M. Templeton and Christina M. Holcomb of Hendricks County, State of Ind. authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Ind. on the 4th day of April, 1983.

Authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Ind. on the 4th day of April, 1983.

Signed 1/3 Jerry R. Nash Official Designation Pastor - BCC day of April, 1983

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

with the laws of the State of Indiana this 4th day of April, 1983



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 131  
File 4-4-83  
Date of Application

MALE  
Medical Examination Report Dated 3-30-83  
Name of Physician Kenneth L. Gray, M.D.

FEMALE  
Medical Examination Report Dated 3-29-83  
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 Donald K. Ray  
Date of Birth 8 10 1958  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address 3631 Rockville Rd., Indpls., Ind. 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) Driver's 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 Lawrence, Edward Ray, Sr.  
Residence of father (if deceased so state) Cincinnati, Ohio  
Birthplace of father (State or foreign country) Unknown Ohio  
9. Full maiden name of mother Donna Ray Graybill  
Residence of mother (if deceased so state) Speedway, Ind.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Donald Kent Ray  
New Address 3631 Rockville Rd., Indpls. Ind.

Subscribed and sworn to before me this 4th day of April, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
Clerk

FEMALE APPLICANT

Name Tracey Ann Vaughn  
Date of Birth 1 6 1963  
Place of Birth (State or foreign country) Harford County, Maryland  
Residence Address 442 English, Plainfield, Ind. 46168  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Edmond Vaughn  
Residence of father (if deceased so state) Plainfield, Ind.  
Birthplace of father (State or foreign country) Unknown  
9. Full maiden name of mother Patricia Ann Disher  
Residence of mother (if deceased so state) Plainfield, Ind.  
Birthplace of mother (State or foreign country) Unknown

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Tracey A. Vaughn  
New Address 3631 Rockville Rd. Indpls.

Subscribed and sworn to before me this 4th day of April, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed \_\_\_\_\_  
HENDRICKS County \_\_\_\_\_ Court by written order issued \_\_\_\_\_  
in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the \_\_\_\_\_ day of \_\_\_\_\_, 1983, authorizing the joining together as husband and wife

of Donald Kent Ray and Tracey Ann Vaughn  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Andrew P. Crowley, hereby certify that on the 9th day of April,  
one thousand nine hundred and eighty-three at Speedway, County of Marion  
State of Indiana, Groom Donald Kent Ray of Marion County, State of Indiana  
and, Bride Tracey Ann 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 \_\_\_\_\_ County.

Dated this 9th day of April, 1983

Signed /s/ Andrew P. Crowley  
Official Designation Minister April 12th, 1983

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 132  
File 4-4-83  
Date of Application

MALE  
Medical Examination Report Dated 3-24-83  
Name of Physician Clark

FEMALE  
Medical Examination Report Dated 3-24-83  
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 Tracy S. Cross  
Date of Birth 7 31 1961  
Place of Birth (State or foreign country) Indy, Ind.  
Residence Address 981 W. Main St. Danville Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

1. Are you now or have you ever been adjudged to be of unsound mind?  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. \_\_\_\_\_

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Robert Grant Cross  
Residence of father (if deceased so state) Danville Ind.  
Birthplace of father (State or foreign country) Indy, Ind.  
9. Full maiden name of mother Margaret Diane Parker  
Residence of mother (if deceased so state) Danville, Ind.  
Birthplace of mother (State or foreign country) Indy, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Tracy S. Cross

New Address 981 W. Main Apt. 3 Danville

Subscribed and sworn to before me this 4 day of April, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

FEMALE APPLICANT

Name Donna M. Norris  
Date of Birth 10 17 1963  
Place of Birth (State or foreign country) San Diego Calif.  
Residence Address 774 Sunset Dr. Danville Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

1. Are you now or have you ever been adjudged to be of unsound mind?  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. \_\_\_\_\_

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father David Ernest Norris  
Residence of father (if deceased so state) Danville Ind.  
Birthplace of father (State or foreign country) Indy, Ind.  
9. Full maiden name of mother Judith Leo McClellan  
Residence of mother (if deceased so state) Danville, Ind.  
Birthplace of mother (State or foreign country) Indy, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donna Norris

New Address 981 W. Main apt 3

Subscribed and sworn to before me this 4 day of April, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_  
HENDRICKS County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ 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 8 day of April, 1983, authorizing the joining together as husband and wife

Tracy Scott Cross and Donna May Norris

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

1. Dr. Albert W. Duelya-Parker hereby certify that on the 9th day of April

one thousand nine hundred and eighty-three at Danville, County of Hendricks

State of Indiana, Groom Tracy Scott Cross of Hendricks County, State of Indiana

and, Bride Donna May Norris of Hendricks County, State of HENDRICKS

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_

Dated this 9th day of April, 1983

Signed /s/Dr. Albert W. Duelya-Parker  
Minister, Presbyterian Church

Official Designation 12th day of April, 1983

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 133

File 4-4-83  
Date of ApplicationMALE  
Medical Examination Report Dated 4-4-83

Name of Physician Nemelstein

FEMALE

Medical Examination Report Dated 4-4-83

Name of Physician Nemelstein

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

## MALE APPLICANT

Name First Ken Middle Dan Last Duh  
Date of Birth Month 9 Day 21 Year 1954  
Place of Birth (State or foreign country) Indianapolis Ind.  
Residence Address Street or R. R. 624 Kentucky St. City Ind. County Hend. State Ind.  
Previous Marital Status: Never Married ☒ OR ☐  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

Other (Specify) Divorced w/ picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Frank Duh  
Residence of father (if deceased so state): Deceased  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Adeline S. Taylor  
Residence of mother (if deceased so state): Deceased  
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Ken D. DuhNew Address SameSubscribed and sworn to before me this 4 day of April, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

## FEMALE APPLICANT

Name Dianah Middle S. Last Long  
Date of Birth Month 5 Day 21 Year 1959  
Place of Birth (State or foreign country) Indianapolis Ind.  
Residence Address Street or R. R. 624 Kentucky St. City Ind. County Hend. State Ind.  
Previous Marital Status: Never Married ☒ OR ☐  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

Other (Specify) Drivers License w/ picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Rollis Carl Long  
Residence of father (if deceased so state): Ind.  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Geraldine L. Johnson  
Residence of mother (if deceased so state): Ind.  
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Dianah S. LongNew Address SameSubscribed and sworn to before me this 4 day of April, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 11 day of April, 1983, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Bruce H. Nixon, hereby certify that on the 15<sup>th</sup> day of April, 1983, at Indianapolis, County of Indiana, State of Indiana, Groom Ken D. Duh and, Bride Dianah S. Long of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 15<sup>th</sup> day of April, 1983.

Signed Bruce H. NixonOfficial Designation Baptist Minister, 1985Signed Mary Jane Russell Clerk HENDRICKS Circuit CourtFiled and recorded in accordance with the laws of the State of Indiana this 13<sup>th</sup> day of August, 1985



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 134  
File 4-4-83  
Date of Application

MALE  
Medical Examination Report Dated 3-21-83  
Name of Physician Scudder

FEMALE  
Medical Examination Report Dated 3-21-83  
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 Daniel Arthur Snyder  
Date of Birth June 14 1956  
Place of Birth (State or foreign country) Sebanon  
Residence Address 426 William St. B'burg Ind  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Robert W. Snyder  
Residence of father (if deceased so state): B'burg  
Birthplace of father (State or foreign country): Illinois  
9. Full maiden name of mother: Patricia C. Kennedy  
Residence of mother (if deceased so state): B'burg  
Birthplace of mother (State or foreign country): Illinois

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Daniel A. Snyder

New Address 426 William St. B'burg Ind.

Subscribed and sworn to before me this 4 day of April, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed in \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_

of Indiana dated the 8 day of April, 1983, authorizing the joining together as husband and wife of Daniel Arthur Snyder and Diane Susan Merkley

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. John M. Hall hereby certify that on the 23rd day of April

one thousand nine hundred and eighty-three at Brownsburg, County of Hendricks

State of Indiana, Groom Daniel Arthur Snyder of Hendricks County, State of Indiana

and, Bride Diana Susan Merkley of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 23rd day of April, 1983

Signed /s/ Rev. John M. Hall  
Catholic Priest

Official Designation 26th day of April, 1983

Signed Mary Jane Russell HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_

## FEMALE APPLICANT

Name Diana Susan Merkley  
Date of Birth June 3 1956  
Place of Birth (State or foreign country) Indpls  
Residence Address 1706 Buchwood Dr. Plym Ind  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Ralph Edwin Merkley  
Residence of father (if deceased so state): Plym  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Mary Elizabeth Fish  
Residence of mother (if deceased so state): Plym  
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Diana Susan Merkley

New Address 426 William St. B'burg, Ind.

Subscribed and sworn to before me this 4 day of April, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
Clerk



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 135  
File 4-4-83  
Date of Application

MALE  
Medical Examination Report Dated 3-31-83  
Name of Physician Williams

FEMALE  
Medical Examination Report Dated 3-31-83  
Name of Physician Williams

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Daniel Middle J. Last Fiscus  
Date of Birth Month 3 Day 4 Year 1941  
Place of Birth (State or foreign country) Moore Ill.  
Residence Address RR 8 Box 372 433 Indianapolis Hend Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children. Amanda Marie Fiscus

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Gerald Eugene Fiscus  
Residence of father (if deceased so state) Deceased  
Birthplace of father (State or foreign country) Illinois  
9. Full maiden name of mother Luth Anna Miller  
Residence of mother (if deceased so state) Avon Ind.  
Birthplace of mother (State or foreign country) Illinois

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Daniel L. Fiscus  
New Address RR 8 Box 372 Lot 43

Subscribed and sworn to before me this 4 day of April, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

FEMALE APPLICANT

Name First Lisa Middle Mae Last Shaw  
Date of Birth Month 2 Day 22 Year 1968  
Place of Birth (State or foreign country) Beech Grove Ind.  
Residence Address RR 8 Box 372 433 Indianapolis 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. 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 William J. Shaw  
Residence of father (if deceased so state) \_\_\_\_\_  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Betty Lou Ellis  
Residence of mother (if deceased so state) Indianapolis Ind.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Lisa Mae Shaw  
New Address RR 8 Box 372 Lot 43

Subscribed and sworn to before me this 4 day of April, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed Betty Lou Shaw Mother

Subscribed and sworn to before me this 4 day of April, 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 Circuit Clerk's Office Court by written order issued 3 days away and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_  
of Indiana dated the 4 day of April, 1983, authorizing the joining together as husband and wife  
of Daniel L. Fiscus and Lisa Mae Shaw

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Earl Dukes hereby certify that on the 16th day of April, 1983,  
one thousand nine hundred and eighty-three at Avon, County of Hendricks  
State of Indiana, Groom Daniel L. Fiscus of Hendricks County, State of Indiana  
and, Bride Lisa Mae 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 \_\_\_\_\_  
County. Dated this 16th day of April, 1983

Signed /s/ Rev. Earl Dukes  
Official Designation Baptist Minister

19th day of April, 1983  
Signed Mary Jane Russell HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 136  
File 4-5-83  
Date of Application

MALE  
Medical Examination Report Dated 3-25-83  
Name of Physician Randolph Jones

FEMALE  
Medical Examination Report Dated 3-22-83  
Name of Physician James 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 Lowell Hilton Acton  
Date of Birth Sept 14 1940  
Place of Birth (State or foreign country) Ky  
Residence Address 946 Dan Jones Rd. Peled Ind IN  
Previous Marital Status: Never Married ☐ OR ☒  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. \_\_\_\_\_

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Charles Hubert Acton  
Residence of father (if deceased so state) deceased  
Birthplace of father (State or foreign country) Ky  
9. Full maiden name of mother Elizabeth Francis Smith  
Residence of mother (if deceased so state) Peled  
Birthplace of mother (State or foreign country) Ky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Lowell Hilton Acton  
New Address 946 Dan Jones Rd. Peled, Ind

Subscribed and sworn to before me this 5 day of April, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, \_\_\_\_\_ Clerk

## FEMALE APPLICANT

Name Roxalena Rhea Haggard  
Date of Birth Feb 18 1958  
Place of Birth (State or foreign country) Green Castle Indpls IN  
Residence Address 1414 Panama 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) \_\_\_\_\_

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. Christopher Jason Price

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 A. Haggard  
Residence of father (if deceased so state) Indpls  
Birthplace of father (State or foreign country) Ky  
9. Full maiden name of mother Barbara Ann Reiter  
Residence of mother (if deceased so state) Indpls  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Roxalena Rhea Haggard  
New Address 946 Dan Jones Road

Subscribed and sworn to before me this 5th day of April, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, \_\_\_\_\_ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior II Court by written order issued 3 day warr and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 5th day of April, 1983, authorizing the joining together as husband and wife Lowell Hilton Acton and Roxalena Rhea Haggard

Be it further remembered, the following marriage certificate was filed in my office, to-wit: John C. Mowrer hereby certify that on the 5th day of April, 1983, at Danville, County of Hendricks, State of Indiana

one thousand nine hundred and eighty-three of Hendricks County, State of Indiana

State of Indiana, Groom Lowell Hilton Acton of Marion County, State of Indiana

and, Bride Roxalena Rhea Haggard of HENDRICKS County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 5th day of April, 1983

Signed /s/ John C. Mowrer  
Judge, Hendricks Superior Court #2

Official Designation 5th day of April, 1983  
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 137  
File 4-5-83  
Date of Application

MALE  
Medical Examination Report Dated 3-8-83  
Name of Physician Fred R. Brooks MD.

FEMALE  
Medical Examination Report Dated 3-8-83  
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 Richard Doty  
Date of Birth 28 1958  
Place of Birth (State or foreign country) Indianapolis, In.  
Residence Address Indianapolis, In.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) Drivers License
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Ronald Davis Doty Sr.  
Residence of father (if deceased so state): Indianapolis, In.  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Genevieve M. C. Griff  
Residence of mother (if deceased so state): Indianapolis, In.  
Birthplace of mother (State or foreign country): Iowa

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.  
County of

Signed [Signature]  
New Address 4221 W. 34th St. Indpls.

Subscribed and sworn to before me this 5th day of April, 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, HENDRICKS ss:  
County of

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

FEMALE APPLICANT

Name Kimberly L. Petre  
Date of Birth 5 1958  
Place of Birth (State or foreign country) Indianapolis, In.  
Residence Address Brownsburg, In.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) Drivers License
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Leonard H. Petre  
Residence of father (if deceased so state): Brownsburg  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Sally E. Mens  
Residence of mother (if deceased so state): Brownsburg  
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.  
County of

Signed Kimberly L. Petre  
New Address 4221 W. 34th St. Indpls.

Subscribed and sworn to before me this 5th day of April, 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, HENDRICKS ss:  
County of

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed in \_\_\_\_\_ Court by written order issued \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the \_\_\_\_\_ day of \_\_\_\_\_, 1983, authorizing the joining together as husband and wife of Richard Doty and Kimberly L. Petre.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, George W. Davis hereby certify that on the 28th day of May at Brownsburg, County of Hendricks State of Indiana, Groom Richard Doty and Bride Kimberly L. Petre of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 28th day of May, 1983.

Signed /s/George W. Davis  
Official Designation Minister  
Signed Mary Jane Russell  
Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of June, 1983  
Clerk HENDRICKS Circuit Court



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 138  
File 4-5-83  
Date of Application

MALE  
Medical Examination Report Dated 3-30-83  
Name of Physician O'Brain

FEMALE  
Medical Examination Report Dated 3-30-83  
Name of Physician O'Brain

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Walter Rodney Ingram  
Date of Birth Dec 23 53  
Place of Birth (State or foreign country) Crawfordsville  
Residence Address 4607 W. Perry Indpls Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drugs License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Ernest C. Ingram  
Residence of father (if deceased so state): deceased  
Birthplace of father (State or foreign country): Penn.  
9. Full maiden name of mother: Lola Marie Samos  
Residence of mother (if deceased so state): Indpls. Indiana  
Birthplace of mother (State or foreign country): Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Walter Ingram

New Address 4607 W. Perry

Subscribed and sworn to before me this 5 day of April 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

FEMALE APPLICANT

Name Patricia Lynn Hungerford  
Date of Birth Nov 11 1955  
Place of Birth (State or foreign country) Terre Haute  
Residence Address 4607 West Perry Indpls Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drugs License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: William E. Hungerford  
Residence of father (if deceased so state): 7825 N. 650 E. B. Burg  
Birthplace of father (State or foreign country): Terre Haute Ind.  
9. Full maiden name of mother: Debra McCullough  
Residence of mother (if deceased so state): 7825 N. 650 E. B. Burg Ind.  
Birthplace of mother (State or foreign country): Texas

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Patricia Lynn Hungerford

New Address 4607 W. Perry St.

Subscribed and sworn to before me this 5 day of April 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued \_\_\_\_\_ 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 April, 1983 authorizing the joining together as husband and wife of Walter Rodney Ingram and Patricia Lynn Hungerford

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, James A. Jones hereby certify that on the 9th day of April,  
one thousand nine hundred and eighty-three at Brownsburg, County of Hendricks,  
State of Indiana, Groom Walter Rodney Ingram of Marion County, State of Indiana  
and, Bride Patricia Lynn Hungerford of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 9th day of April, 1983

Signed /s/James A. Jones  
Minister

Official Designation April, 1983  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
HENDRICKS County

No. 129  
File 4-5-83  
Date of Application

**MALE**  
Medical Examination Report Dated 3-21-83  
Name of Physician Kerlin

**FEMALE**  
Medical Examination Report Dated 3-21-83  
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 Max Brian Siddons  
Date of Birth May 29 1958  
Place of Birth (State or foreign country) Indpls  
Residence Address 13 Midland Ct, D'ville Hend In  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) drivers lic
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
  - If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☐ Yes ☐
  - Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
  - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

- Full name of father Carter Max Siddons  
Residence of father (if deceased so state) deceased  
Birthplace of father (State or foreign country) Indpls.
- Full maiden name of mother Luella Stonking  
Residence of mother (if deceased so state) Danville  
Birthplace of mother (State or foreign country) Indpls

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed X Max B. Siddons

New Address 613 Hickory Dr.

Subscribed and sworn to before me this 5 day of April, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed in \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE** 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 April, 1983, authorizing the joining together as husband and wife of Max Brian Siddons and Kelly Lee Bradley.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Stan Johnson

hereby certify that on the 16th day of April, 1983, at Danville, County of Hendricks, State of Indiana, Groom Max Brian Siddons and, Bride Kelly Lee Bradley of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 16th day of April, 1983.

Signed s/Stanley A. Johnson

Official Designation Minister  
19th day of April, 1983

Signed Mary Jane Russell HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana, this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 140

File

4-6-83  
Date of Application

MALE  
Medical Examination Report Dated April 1, 1983  
Name of Physician McDaniel

FEMALE  
Medical Examination Report Dated April 1, 1983  
Name of Physician McDaniel

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 K. Last Harden  
Date of Birth Month July Day 15 Year 1960  
Place of Birth (State or foreign country) Indiana  
Residence Address Street or R. R. City County State  
5905 Susan St., Indianapolis Hendricks IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dewey's license w/ picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Ronald RAY Harden  
Residence of father (if deceased so state): Indianapolis, IN  
Birthplace of father (State or foreign country): Kansas

9. Full maiden name of mother: Mary Agnes Vines  
Residence of mother (if deceased so state): Indianapolis, IN  
Birthplace of mother (State or foreign country): ALABAMA

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed R. Keith Harden

New Address: Indpls IN

Subscribed and sworn to before me this 6 day of April, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ 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 12th day of April, 1983, authorizing the joining together as husband and wife Ronald K. Harden and Lisa L. Bennett

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Dewey A. Thackston hereby certify that on the 16th day of April, 1983, at Plainfield, Hendricks County, State of Indiana, Groom Ronald K. Harden and, Bride Lisa L. Bennett of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 16th day of April, 1983

Signed /s/ Dewey A. Thackston  
Minister of the Gospel

Official Designation April 19th day of \_\_\_\_\_, 1983  
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_

\_\_\_\_\_ Clerk HENDRICKS Circuit Court



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of LC 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 141  
File # 4-6-83  
Date of Application

MALE  
Medical Examination Report Dated 3-17-83  
Name of Physician Mandel

FEMALE  
Medical Examination Report Dated 3-17-83  
Name of Physician Mandel

ALL QUESTIONS MUST BE ANSWERED. LC 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

## MALE APPLICANT

Name Trajin Robert Chastain  
Date of Birth April 11 1960  
Place of Birth (State or foreign country) Indpls.  
Residence Address 310 N. Rainer St. Refd Hend In  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Jeffrey Ray Chastain  
Residence of father (if deceased so state): Linton  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Francis Elizabeth Pace  
Residence of mother (if deceased so state): Indpls.  
Birthplace of mother (State or foreign country): Indpls.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Trajin Chastain  
New Address 310 N. Rainer St. Plainfield  
Subscribed and sworn to before me this 6 day of April, 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, Hendricks } ss:  
County of  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_, Clerk

## FEMALE APPLICANT

Name Kimberly Anne Kennedy  
Date of Birth March 28 1965  
Place of Birth (State or foreign country) Baltimore, Maryland  
Residence Address R.R. 1 Box 185 D Linton Hend In  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Owen Kennedy, Jr.  
Residence of father (if deceased so state): Linton  
Birthplace of father (State or foreign country): Baltimore, Md.  
9. Full maiden name of mother: Barbara Kay Dodge  
Residence of mother (if deceased so state): Linton  
Birthplace of mother (State or foreign country): Baltimore, Md.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Kim Kennedy  
New Address 310 N. Rainer St. Plainfield  
Subscribed and sworn to before me this 6th day of April, 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, Hendricks } ss:  
County of  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior Court by written order issued 3 day waiver and filed in clerk's office authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 6th day of April, 1983 authorizing the joining together as husband and wife Trajin Robert Chastain and Kimberly Anne Kennedy.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Gary C. Black hereby certify that on the 9th day of April one thousand nine hundred and eighty-three at Indianapolis, County of Hendricks, State of Indiana, Groom Trajin Robert Chastain of Hendricks County, State of Indiana and, Bride Kimberly Anne Kennedy 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 April, 1983.

Signed /s/ Gary C. Black  
Official Designation Minister  
Signed Mary Jane Russell  
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of April, 1983.



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 142  
File \_\_\_\_\_  
Date of Application April 7, 1983

MALE  
Medical Examination Report Dated 4-4-83  
Name of Physician A. N. Scudder

FEMALE  
Medical Examination Report Dated 4-4-83  
Name of Physician A. N. Scudder

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT  
Name Kevin D. Cothron  
Date of Birth Oct 21 1963  
Place of Birth (State or foreign country) Ind.  
Residence Address RR#5 Box 94 Danville Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

FEMALE APPLICANT  
Name Janet Lee Williams  
Date of Birth May 18 1964  
Place of Birth (State or foreign country) Ind.  
Residence Address RR#5 Box 94 Danville Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

- ☐ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father J. D. Cothron  
Residence of father (if deceased so state) Danville, Ind.  
Birthplace of father (State or foreign country) Ind.  
9. Full maiden name of mother Lana Kirby  
Residence of mother (if deceased so state) Danville Ind.  
Birthplace of mother (State or foreign country) Ind.

8. Full name of father Richard Williams  
Residence of father (if deceased so state) Pittsboro, Ind.  
Birthplace of father (State or foreign country) Ind.  
9. Full maiden name of mother Judy Berry  
Residence of mother (if deceased so state) Reelsville, Ind.  
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Kevin D. Cothron  
New Address RR#5 BOX 94 DANVILLE  
Subscribed and sworn to before me this 7 day of April, 1983  
Mary Jane Russell Clerk HENDRICKS Circuit Court

Signed Janet Lee Williams  
New Address RR#5 BOX 94 DANVILLE  
Subscribed and sworn to before me this 7 day of April, 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.

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:  
County of \_\_\_\_\_

State of Indiana, HENDRICKS ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed in \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_  
\_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 12 day of April, 1983, authorizing the joining together as husband and wife of Kevin D. Cothron and Janet Lee Williams  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Jerry R. Nash hereby certify that on the 15th day of April, \_\_\_\_\_ County of Hendricks  
one thousand nine hundred and eighty-three at Brownsburg County, State of Indiana  
State of Indiana, Groom Kevin D. Cothron of Hendricks County, State of Indiana  
and, Bride Janet Lee Williams of Hendricks County, State of HENDRICKS  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 15th day of April, 1983

Signed s/ Jerry R. Nash  
Official Designation Pastor April, 1983  
Signed Mary Jane Russell HENDRICKS Circuit Court  
Filed and recorded in accordance with the laws of the State of Indiana this 18th day of \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 143  
File 4-7-83  
Date of Application

MALE  
Medical Examination Report Dated 4-1-83  
Name of Physician Jackson

FEMALE  
Medical Examination Report Dated 4-6-83  
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 Daniel Middle L. Last Thompson  
Date of Birth Month September Day 8 Year 1948  
Place of Birth (State or foreign country) Indiana  
Residence Address Street or R. R. City County State  
9395 E 400N Brownsburg Hendricks IN  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) Driver's License up picture
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☐ Yes ☐
  - Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
  - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Harold R. Thompson  
Residence of father (if deceased so state) Indianapolis IN  
Birthplace of father (State or foreign country) Illinois  
9. Full maiden name of mother Nora Belle Rinehart  
Residence of mother (if deceased so state) Deceased  
Birthplace of mother (State or foreign country) Illinois

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Daniel L. Thompson  
New Address 9395 E 400 N Brownsburg

Subscribed and sworn to before me this 7 day of April, 1983  
Mary Jewell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the  
HENDRICKS County Superior Court by written order issued 30 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 7th day of April, 1983, authorizing the joining together as husband and wife Daniel L. Thompson and Marilyn S. Pruitt  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Glen D. Owens hereby certify that on the 16th day of April, 1983, at Indianapolis, County of Marion, State of Indiana, Groom Daniel L. Thompson of Hendricks County, State of Indiana and, Bride Marilyn S. Pruitt 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 April, 1983.

Signed /s/Glen D. Owens  
Elder, Church of Christ

Official Designation 20th day of April, 1983

Signed \_\_\_\_\_ HENDRICKS Clerk Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 144

File

4-7-83

Date of Application

MALE

Medical Examination Report Dated

4-5-83

Name of Physician

Hodgin

FEMALE

Medical Examination Report Dated

4-5-83

Name of Physician

Hodgin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

## MALE APPLICANT

Name Lev A. Garland  
Date of Birth 11 13 1959  
Place of Birth (State or foreign country) Crawfordsville, Ind.  
Residence Address RR 1 Box 101 Danville Hend. Ind.

Previous Marital Status: Never Married ☒ ORLast Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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 Dean GarlandResidence of father (if deceased so state) Pittsboro, Ind.Birthplace of father (State or foreign country) Indiana9. Full maiden name of mother Lou Lee JonesResidence of mother (if deceased so state) Pittsboro, 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

Lev A. Garland

New Address

Same

Subscribed and sworn to before me this

7day of April19 83Mary Jane Russell

Clerk

HENDRICKS

Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana,

County of HENDRICKS

ss:

Signed

Father

Signed

Mother

Subscribed and sworn to before me this

day of

19

Clerk

## FEMALE APPLICANT

Name Toni M. Clevenger  
Date of Birth 6 30 1955  
Place of Birth (State or foreign country) Ind.  
Residence Address RR 1 Box 101 Danville Hend. Ind.

Previous Marital Status: Never Married ☒ ORLast Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

Courtney Lynn Clevenger

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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 Anthony MarchettiResidence of father (if deceased so state) DeceasedBirthplace of father (State or foreign country) Indiana9. Full maiden name of mother Carolyn Sue CollinsResidence of mother (if deceased so state) H. St. Marks FloridaBirthplace of mother (State or foreign country) Indiana

State of Indiana,

County of HENDRICKS

ss: I depose and state the information given in this application is true and correct.

Signed

Toni Clevenger

New Address

Same

Subscribed and sworn to before me this

7day of April19 83Mary Jane Russell

Clerk

HENDRICKS

Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana,

County of HENDRICKS

ss:

Signed

Father

Signed

Mother

Subscribed and sworn to before me this

day of

19

Clerk

COMPLETE IF MARRIAGE LICENSE 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

of Indiana dated the

7thday of April19 83

authorizing the joining together as husband and wife

Lev A. Garland

and Toni M. Clevenger

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Dewey A. Thackston

hereby certify that on the

16thday of AprilHendricksone thousand nine hundred and eighty-threeat PlainfieldCounty of IndianaState of Indiana, Groom Lev A. Garlandof HendricksCounty, State of Indianaand, Bride Toni M. Clevengerof HendricksCounty, State of HENDRICKS

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of

County,

Dated this

16th

day of

April19 83Signed /s/ Dewey A. Thackston

Minister of the Gospel

Official Designation

April19 83

19th

day of

Mary Jane Russell

HENDRICKS

Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 1415  
File 4-7-83  
Date of Application

MALE  
Medical Examination Report Dated 4-5-83  
Name of Physician Nadley

FEMALE  
Medical Examination Report Dated 4-5-83  
Name of Physician Nadley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Gary Middle G. Last Followell  
Date of Birth Month 3 Day 28 Year 1939  
Place of Birth (State or foreign country) Northampton Ind.  
Residence Address R.R. 1 Box 411 Apt 3 Clayton Hend Ind.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☒ Other (Specify) Drivers License  
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? 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 April Followell  
Stephanie Ann Followell  
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐  
If answer is "yes", it is required that this Application be 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 Owen Followell  
Residence of father (if deceased so state): Indianapolis  
Birthplace of father (State or foreign country): Unknown  
9. Full maiden name of mother: Goldie Beatrice French  
Residence of mother (if deceased so state): Missouri, Bloomington Ind.  
Birthplace of mother (State or foreign country):  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of: Signed: Gary G. Followell  
New Address: 347 N. Parker

Subscribed and sworn to before me this 7 day of April, 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, HENDRICKS } ss:  
County of:

Signed: Father  
Signed: Mother

Subscribed and sworn to before me this day of 19 Clerk

FEMALE APPLICANT

Name First Charlene Middle Maryberry Last Coke  
Date of Birth Month 2 Day 1 Year 1945  
Place of Birth (State or foreign country) Indianapolis  
Residence Address P.O. Box 275 Clayton Hend Ind.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☒ Other (Specify) Drivers License  
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.  
Barbara Jean Coke  
Archie L. Coke, 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: Ralph Egger Houk  
Residence of father (if deceased so state): Oklahoma City, OK  
Birthplace of father (State or foreign country): Spencer, Ind.  
9. Full maiden name of mother: Edith Mae Thompson  
Residence of mother (if deceased so state): Deceased  
Birthplace of mother (State or foreign country): Indianapolis  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of:

Signed: Charlene Coke  
New Address: 347 N. Parker

Subscribed and sworn to before me this 7 day of April, 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, HENDRICKS } ss:  
County of:

Signed: Father  
Signed: Mother

Subscribed and sworn to before me this day of 19 Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11th day of April, 1983, authorizing the joining together as husband and wife of Gary G. Followell and Charlene Coke  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Enoch S. Ralph, hereby certify that on the 11th day of April, one thousand nine hundred and eighty-three at Clayton, County of Hendricks, State of Indiana, Groom Gary G. Followell and, Bride Charlene Coke 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 11th day of April, 1983

Signed: /s/ Enoch S. Ralph  
Official Designation: Minister  
13th day of April, 1983  
Signed: HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 146  
File 4-7-83  
Date of Application

MALE  
Medical Examination Report Dated 3-23-83  
Name of Physician Wm. Edwards

FEMALE  
Medical Examination Report Dated 3-28-83  
Name of Physician Drannell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name First Alva Middle Clayton Last Porter  
Date of Birth Month 28 Day 1949  
Place of Birth (State or foreign country) Ky  
Residence Address 9608 Harmony Dr. 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) 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:  
Alvan Clayton Jr.  
Jamie Lynn

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Owen Clayton Porter  
Residence of father (if deceased so state): Indiana  
Birthplace of father (State or foreign country): Ky

9. Full maiden name of mother: Juanita Daniels  
Residence of mother (if deceased so state): Indiana  
Birthplace of mother (State or foreign country): Ky

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of

Signed: [Signature]

New Address 9608 Harmony Dr. Indpls. In

Subscribed and sworn to before me this 7 day of April, 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, Hendricks } ss:  
County of

Signed: \_\_\_\_\_ Father

Signed: \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

FEMALE APPLICANT

Name First Beverly Middle Diane Last Porter  
Date of Birth Month 19 Day 1956  
Place of Birth (State or foreign country) Indiana  
Residence Address 9608 Harmony Dr. 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) 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: James Albert Ruark  
Residence of father (if deceased so state): Indiana  
Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Patricia Joyce Forney  
Residence of mother (if deceased so state): Indiana  
Birthplace of mother (State or foreign country): Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of

Signed: [Signature]

New Address 9608 Harmony Dr. Indpls. In

Subscribed and sworn to before me this 7 day of April, 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, Hendricks } ss:  
County of

Signed: \_\_\_\_\_ Father

Signed: \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued \_\_\_\_\_ 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 12th day of April, 1983, authorizing the joining together as husband and wife of Alva Clayton Porter and Beverly Diane Porter

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 16th day of April, 1983, hereby certify that on the \_\_\_\_\_ at Plainfield, County of Hendricks, State of Indiana, Groom Alva Clayton Porter and, Bride Beverly Diane Porter of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 16th day of April, 1983

Signed: /s/ Rev. C. W. Fiscus  
Minister

Official Designation 21st day of April, 1983  
Signed: Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 147  
File 4-8-83  
Date of Application

MALE  
Medical Examination Report Dated 3-24-83  
Name of Physician Nadley

FEMALE  
Medical Examination Report Dated 3-24-83  
Name of Physician Nadley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Jeff H. Spann Last  
Date of Birth 10/9/1964  
Place of Birth (State or foreign country) Danville, Ind.  
Residence Address 429 Tulip Ct. Hendricks, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.  
8. Full name of father Harold E. Spann  
Residence of father (if deceased so state) Hendricks, Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Maryori E. Bentry  
Residence of mother (if deceased so state) Hendricks, Ind.  
Birthplace of mother (State or foreign country) Indiana  
State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Jeff H. Spann  
New Address 429 Tulip Court

Subscribed and sworn to before me this 8 day of April, 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, Hendricks } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

FEMALE APPLICANT

Name Penny F. Roell  
Date of Birth 10/1/1966  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address 1722 Kemlock Ln. Ellettsville, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.  
8. Full name of father William H. Roell  
Residence of father (if deceased so state) W. Palm Beach, Fla.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Janet S. Abbott  
Residence of mother (if deceased so state) Hendricks, Ind.  
Birthplace of mother (State or foreign country) Indiana  
State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Penny F. Roell  
New Address 429 Tulip Ct.

Subscribed and sworn to before me this 8 day of April, 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, Hendricks } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed + Janet Sue Abbott Mother  
Subscribed and sworn to before me this 8 day of April, 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 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 8th day of April, 1983, authorizing the joining together as husband and wife of Jeff H. Spann and Penny F. Roell.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Gilbert L. Richey, hereby certify that on the 23rd day of April, 1983, at Indianapolis, County of Marion, State of Indiana, Groom Jeff H. Spann and, Bride Penny F. Roell, of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 23rd day of April, 1983.

Signed /s/Gilbert L. Richey  
Official Designation Minister  
26th day of April, 1983  
Signed Mary Jane Russell Clerk  
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 148  
File 4-8-83  
Date of Application

MALE  
Medical Examination Report Dated 4-4-83  
Name of Physician Heavin

FEMALE  
Medical Examination Report Dated 4-4-83  
Name of Physician 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 Joe Edward Witt  
Date of Birth Sept 19 1962  
Place of Birth (State or foreign country) Greencastle  
Residence Address W. Walnut St. Coatesville Ind  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Burford Earl Witt  
Residence of father (if deceased so state) Bainbridge  
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Thelma Jean Bryant  
Residence of mother (if deceased so state) Coatesville  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed X Elisa M. Dennison  
New Address R R 1 Box 230 D Bainbridge  
Subscribed and sworn to before me this 8th day of April, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued 3 day waiver + age waiver and filed in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 8th day of April, 1983 authorizing the joining together as husband and wife of Joe Edward Witt and Elisa Marie Dennison  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, John C. Mowrer hereby certify that on the 8th day of April,  
one thousand nine hundred and eighty-three at Danville, County of Hendricks,  
State of Indiana, Groom Joe Edward Witt of Hendricks County, State of Indiana  
and, Bride Elisa Marie Dennison 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 \_\_\_\_\_ County.  
Dated this 8th day of April, 1983

Signed /s/ John C. Mowrer  
Official Designation Judge, Hendricks Superior Court #2  
11th day of April, 1983  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

FEMALE APPLICANT  
Name Elisa Marie Dennison  
Date of Birth Dec 28 1967  
Place of Birth (State or foreign country) Indpls  
Residence Address Rt 1 Box 230 D Bainbridge Putnam Ind  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Ralph W. Dennison  
Residence of father (if deceased so state) Bainbridge  
Birthplace of father (State or foreign country) Ind

9. Full maiden name of mother Shirley V. Duhamell  
Residence of mother (if deceased so state) Bainbridge  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed X Joe E. Witt  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 8th day of April, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed Shirley Chambers Mother  
Subscribed and sworn to before me this 8th day of April, 1983  
Mary Jane Russell Clerk



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 149  
File 4-8-83  
Date of Application

MALE  
Medical Examination Report Dated 4-4-83  
Name of Physician Kerlin

FEMALE  
Medical Examination Report Dated 4-4-83  
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 Ronald L. McKinney  
Date of Birth 2/3/1953  
Place of Birth (State or foreign country) Connersville, Ind.  
Residence Address 3236 S. Six Points Rd. 12 Indpls Hend Ind  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License  
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

Cheryl Ann McKinney  
Theresa Marie McKinney  
Loretta Lee McKinney

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒  
If answer is "yes", it is required that this Application be 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 L. McKinney  
Residence of father (if deceased so state) Indpls Ind.  
Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Leah Sims  
Residence of mother (if deceased so state) Indpls Ind.  
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Ronald L. McKinney  
New Address 3236 S. Six Points Rd. 12 Indpls Hend Ind

Subscribed and sworn to before me this 8 day of April, 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, Hendricks } ss:  
County of

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_, Clerk

FEMALE APPLICANT  
Name Judy S. Brooks  
Date of Birth 3/20/1957  
Place of Birth (State or foreign country) Only Ill.  
Residence Address 3236 S. Six Points Rd. 12 Indpls Hend Ind  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License  
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 August Brooks  
Residence of father (if deceased so state) Indpls Ind.  
Birthplace of father (State or foreign country) Illinois

9. Full maiden name of mother Dorothy Jo Ann Turner  
Residence of mother (if deceased so state) Indpls Ind.  
Birthplace of mother (State or foreign country) Illinois

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Judy S. Brooks  
New Address 3236 S. Six Points Rd. apt 12 Indpls Hend Ind

Subscribed and sworn to before me this 8 day of April, 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, Hendricks } ss:  
County of

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 13 day of April, 1983, authorizing the joining together as husband and wife of Ronald L. McKinney and Judy S. Brooks.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

1. Rev. Kenneth E. Vetter hereby certify that on the 16 day of April, 1983, at Danville, Ind., County of Ind., State of Ind.,

one thousand nine hundred and eighty-three, at Danville, Ind., County of Ind., State of Ind.,

State of Indiana, Groom Ronald L. McKinney of Ind., County of Ind., State of Ind.,

and, Bride Judy S. Brooks of Ind., County of Ind., State of Ind.,

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 16 day of April, 1983.

Signed 15/ Rev. Kenneth E. Vetter  
Official Designation Pastor  
Signed Mary Jane Russell  
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of April, 1983.



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 150

File

4-11-83  
Date of Application

**MALE**  
Medical Examination Report Dated 4-6-83  
Name of Physician Rose S. Dife, M.D.

**FEMALE**  
Medical Examination Report Dated 4-6-83  
Name of Physician Rose S. Dife, 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 Daniel G. Hession  
Date of Birth 5 23 1959  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address 9750 Maloney Road, Brownsburg, Ind.  
Previous Marital Status: Never Married ☒ OR ☐  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Geo Francis Hession  
Residence of father (if deceased so state) Brownsburg, Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Jacqueline Kay Runyon  
Residence of mother (if deceased so state) Brownsburg, Ind.  
Birthplace of mother (State or foreign country) Michigan

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Daniel G. HessionNew Address 9750 MALONEY ROAD Brownsburg, Ind.Subscribed and sworn to before me this 11th day of April, 1983Mary Jane Russell Clerk HENDRICKS Circuit Court**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
Clerk**FEMALE APPLICANT**

Name Lisa M. Keers  
Date of Birth 5 30 1960  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address 37 Ridgeway Ave, Brownsburg, Ind.  
Previous Marital Status: Never Married ☒ OR ☐  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Frederick Keers  
Residence of father (if deceased so state) Brownsburg, Ind.  
Birthplace of father (State or foreign country) Indianapolis, Ind.  
9. Full maiden name of mother Barbara Ann Zore  
Residence of mother (if deceased so state) Brownsburg, Ind.  
Birthplace of mother (State or foreign country) Indianapolis, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Lisa M. KeersNew Address 37 Ridgeway Ave Brownsburg, Ind.Subscribed and sworn to before me this 11th day of April, 1983Mary Jane Russell Clerk HENDRICKS Circuit Court**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_  
HENDRICKS County Circuit Court by written order issued 3 May 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** HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_  
of Indiana dated the 11th day of April, 1983, authorizing the joining together as husband and wife  
Daniel G. Hession and Lisa M. Keers

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Richard I. Zore hereby certify that on the 4th day of June Hendricks  
one thousand nine hundred and eighty-three at Brownsburg County of Indiana  
State of Indiana, Groom Daniel G. Hession of Hendricks County, State of Indiana  
and, Bride Lisa M. Keers of Hendricks County, State of HENDRICKS

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_  
County. Dated this 4th day of June, 1983

Signed /s/Rev. Richard I. Zore  
Roman Catholic PriestOfficial Designation June, 1983Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_  
County.



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
HENDRICKS County

No. 151  
File 4-11-83  
Date of Application

**MALE**  
Medical Examination Report Dated 4-5-83  
Name of Physician Glenn Baker

**FEMALE**  
Medical Examination Report Dated 4-5-83  
Name of Physician Glenn Baker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

**MALE APPLICANT**

Name Robert Wayne Shetler, Jr.  
Date of Birth 5 12 1958  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address 205 Parthenia St., Brownsburg, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) Illinois License
- Are you now or have you ever been adjudged to be of unsound mind?  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☐ Yes ☐
  - Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
  - List the full names of any dependent children.  
Kristina Kaye Shetler

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
  - Full name of father Robert Wayne Shetler Sr.  
Residence of father (if deceased so state) Brownsburg, Ind.  
Birthplace of father (State or foreign country) Illinois
  - Full maiden name of mother Jacquelyn Kay Myers  
Residence of mother (if deceased so state) Brownsburg, Ind.  
Birthplace of mother (State or foreign country) Indiana
- State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Robert W. Shetler Jr.  
New Address 205 Parthenia St., Brownsburg, Ind.

Subscribed and sworn to before me this 11th day of April, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Melissa Anne White  
Date of Birth 12 13 1963  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address 205 Parthenia St., Brownsburg, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
- Are you now or have you ever been adjudged to be of unsound mind?  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☐ Yes ☐
  - Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
  - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

- Full name of father George Marion White  
Residence of father (if deceased so state) Brownsburg, Ind.  
Birthplace of father (State or foreign country) Brownsburg, Ind.
- Full maiden name of mother Sydia Margaret Powell  
Residence of mother (if deceased so state) Brownsburg, Ind.  
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Melissa White  
New Address 205 Parthenia St., Brownsburg, Ind.

Subscribed and sworn to before me this 11th day of April, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed in \_\_\_\_\_ Court by written order issued \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the 15th day of April, 1983, authorizing the joining together as husband and wife of Robert Wayne Shetler, Jr. and Melissa Anne White.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Jerry R. Nash \_\_\_\_\_ hereby certify that on the 7th day of May, \_\_\_\_\_ at Brownsburg, County of Hendricks, State of Indiana, Groom Robert Wayne Shetler, Jr. of Hendricks County, State of Indiana and, Bride Melissa Anne White of Hendricks County, State of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 7th day of May, 1983.

Signed Jerry R. Nash

Official Designation Pastor  
9th day of May, 1983

Signed Mary Jane Russell  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 152

File 4-12-83  
Date of Application

## MALE

Medical Examination Report Dated 4-8-83

Name of Physician Laurence A. Reitz, M.D.

## FEMALE

Medical Examination Report Dated 4-7-83

Name of Physician Laurence A. Reitz, 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 Gregory K. Mantooth  
Date of Birth 1 21 1962  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address R.R. #1, Box 220, Clayton, Ind. 46118  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Saylord Eugene Mantooth  
Residence of father (if deceased so state) Clayton, Indiana  
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Charlotte Irene Stuck  
Residence of mother (if deceased so state) Clayton, Ind.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Gregory K. Mantooth  
New Address R.R. #1 Box 220 Clayton, IN

Subscribed and sworn to before me this 12th day of April, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

## FEMALE APPLICANT

Name La Donna L. Fonderhide  
Date of Birth 5 10 1963  
Place of Birth (State or foreign country) Beach, Brown, Indiana  
Residence Address R.R. #4, Box 289B, Clayton, Ind. 46118  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Fred Lee Fonderhide  
Residence of father (if deceased so state) Clayton, Indiana  
Birthplace of father (State or foreign country) Ohio

9. Full maiden name of mother Sandra Lee Shahan  
Residence of mother (if deceased so state) Clayton, Indiana  
Birthplace of mother (State or foreign country) Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed La Donna L. Fonderhide  
New Address RR #4 Box 220 Clayton, IN

Subscribed and sworn to before me this 12th day of April, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior II Court by written order issued 3-May-Warren and filed in Oliver's Office authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 13th day of April, 1983, authorizing the joining together as husband and wife Gregory K. Mantooth and LaDonna L. Fonderhide

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 16th day of April

I, Stevan W. Ranson hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, County of Hendricks

one thousand nine hundred and eighty-three at Clayton, County, State of Indiana

State of Indiana, Groom Gregory K. Mantooth of Hendricks County, State of Indiana

and, Bride LaDonna L. Fonderhide of Hendricks County, State of HENDRICKS

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 16th day of April, 1983

Signed /s/ Stevan W. Ranson  
Minister

Official Designation 20th day of April, 1983

Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
HENDRICKS County

No. 153  
File 4-13-83  
Date of Application

MALE  
Medical Examination Report Dated 4-7-83  
Name of Physician Michael Neely

FEMALE  
Medical Examination Report Dated 4-7-83  
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 Gary Dwain Jones  
Date of Birth 7/15/1957  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address R.R. 6, Box 17, Ellettsville, Ind. 46122  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.  
8. Full name of father Ben Branch Jones, Jr.  
Residence of father (if deceased so state) Ellettsville, Indiana  
Birthplace of father (State or foreign country) Oklahoma  
9. Full maiden name of mother Helen Pauline Kelley  
Residence of mother (if deceased so state) Ellettsville, Indiana  
Birthplace of mother (State or foreign country) Missouri  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Cary D. Jones  
New Address 4015 E. Main St. Apt F, Ellettsville, Ind. 46122

Subscribed and sworn to before me this 13th day of April, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Nadine Louise Faulkner  
Date of Birth 2/2/1962  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address R.R. #2, Box 50, Ellettsville, 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 Ronald Lincoln Faulkner  
Residence of father (if deceased so state) Ellettsville, Ind.  
Birthplace of father (State or foreign country) Illinois  
9. Full maiden name of mother Shirley Elsie Mayo  
Residence of mother (if deceased so state) Ellettsville, Ind.  
Birthplace of mother (State or foreign country) South Dakota  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Nadine L. Faulkner  
New Address 4015 E. Main St. Apt F, Ellettsville, Ind. 46122

Subscribed and sworn to before me this 13th day of April, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed in \_\_\_\_\_ Court by written order issued \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the 18th day of April, 1983 authorizing the joining together as husband and wife of Gary Dwain Jones and Nadine Louise Faulkner.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, C. Raymond Rissler, hereby certify that on the 23rd day of April, 1983, at New Winchester, County of Hendricks, State of Indiana, one thousand nine hundred and eighty-three, of Hendricks County, State of Indiana, Groom Gary Dwain Jones and, Bride Nadine Louise Faulkner of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 23rd day of April, 1983.

Signed /s/ C. Raymond Rissler  
Official Designation Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of May, 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. 154  
File  
Date of Application 4-13-83

MALE  
Medical Examination Report Dated 4-7-83  
Name of Physician Laura M. Hadley, M.D.

FEMALE  
Medical Examination Report Dated 4-7-83  
Name of Physician Laura 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 Walter William Olmstead  
Date of Birth 11 21 1949  
Place of Birth (State or foreign country) Greene County, Indiana  
Residence Address R.R. #3, Box 378-1, Clayton, Indiana 46114  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

Walter Olmstead  
Jane Olmstead

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Harold Olmstead  
Residence of father (if deceased so state) deceased  
Birthplace of father (State or foreign country) Unknown  
9. Full maiden name of mother Mary Slean Baldridge  
Residence of mother (if deceased so state) deceased  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Walter Olmstead  
New Address RR 3 Box 378 Clayton, Ind.

Subscribed and sworn to before me this 13th day of April, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

FEMALE APPLICANT

Name Kathy S. Gorbett  
Date of Birth 10 22 1961  
Place of Birth (State or foreign country) Greene County, Indiana  
Residence Address R.R. #3, Box 378-1, Clayton, Indiana 46114  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Birth Certificate

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Donald Edward Kenworthy  
Residence of father (if deceased so state) Clayton, Indiana  
Birthplace of father (State or foreign country) Hendricks Co., Indiana  
9. Full maiden name of mother Hella H. Mundy  
Residence of mother (if deceased so state) Clayton, Indiana  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kathy Gorbett  
New Address R.R. #3 Box 378 Clayton, Ind.

Subscribed and sworn to before me this 13th day of April, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed in \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 18th day of April, 1983, authorizing the joining together as husband and wife of Walter William Olmstead and Kathy S. Gorbett

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Tom McGilliard hereby certify that on the 30th day of April, 1983, at Clayton, County of Hendricks, State of Indiana, Groom Walter William Olmstead of Hendricks County, State of Indiana, and, Bride Kathy S. Gorbett of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 30th day of April, 1983

Signed /s/ Tom McGilliard  
Minister

Official Designation 17th day of May, 1983  
Clerk

Signed Mary Jane Russell HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 155  
File 4-18-83  
Date of Application

MALE  
Medical Examination Report Dated 4-2-83  
Name of Physician Walker

FEMALE  
Medical Examination Report Dated 4-2-83  
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 Robert Joseph Pedigo  
Date of Birth Month 2 Day 9 Year 1953  
Place of Birth (State or foreign country) Indiana  
Residence Address 536 Thorne Dr. B'burg Hend. Ind.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) 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.  
Stacy Nicole Pedigo

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.  
8. Full name of father Richard Lee Pedigo Jr.  
Residence of father (if deceased so state) Brownburg, Ind.  
Birthplace of father (State or foreign country) Ohio  
9. Full maiden name of mother Catherine Marie Landam  
Residence of mother (if deceased so state) Brownburg, Ind.  
Birthplace of mother (State or foreign country) Illinois  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Robert J. Pedigo  
New Address 536 Thorne Dr. Brownburg Ind.

Subscribed and sworn to before me this 13 day of April, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

FEMALE APPLICANT

Name Elizabeth D. McClung  
Date of Birth Month 2 Day 30 Year 1955  
Place of Birth (State or foreign country) Indiana  
Residence Address 536 Thorne Dr. B'burg Hend. Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) 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 E. McClung  
Residence of father (if deceased so state) Pittsboro Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Marjorie Mae Abbott  
Residence of mother (if deceased so state) Pittsboro Ind.  
Birthplace of mother (State or foreign country) Kansas  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Elizabeth D. McClung  
New Address 536 Thorne Dr. Brownburg Ind.

Subscribed and sworn to before me this 13 day of April, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed \_\_\_\_\_  
HENDRICKS County \_\_\_\_\_ Court by written order issued \_\_\_\_\_  
in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 31st day of April, 1983, authorizing the joining together as husband and wife of Robert Joseph Pedigo and Elizabeth D. McClung

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, William Charles McGraw hereby certify that on the 23rd day of April, one thousand nine hundred and eighty-three at Zionsville, County of Boone, State of Indiana, Groom Robert Joseph Pedigo of Hendricks County, State of Indiana, and, Bride Elizabeth Danette McClung of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 23rd day of April, 1983

Signed /s/ William Charles McGraw  
Official Designation Minister

2nd day of May, 1983  
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 156

File

4-13-83  
Date of Application

## MALE

Medical Examination Report Dated 4-11-83

Name of Physician Brian R. Johnson

## FEMALE

Medical Examination Report Dated 4-12-83

Name of Physician James B. Johnson

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

## MALE APPLICANT

Name Brian Russell Johnson  
Date of Birth Dec 5 1964  
Place of Birth (State or foreign country) Ind.  
Residence Address Rt 2 Box 401 Clayton Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Russell E. Johnson  
Residence of father (if deceased so state) Clayton, Ind.  
Birthplace of father (State or foreign country) Ind.  
9. Full maiden name of mother Cheryl S. Futtrell  
Residence of mother (if deceased so state) Amo, Ind.  
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Brian Johnson  
New Address RR#1 Box 158A Stillsville Ind.

Subscribed and sworn to before me this 13 day of April, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name Cheri Lynn Stroud  
Date of Birth July 23 1967  
Place of Birth (State or foreign country) Ind.  
Residence Address Rt 1 Box 158A Stillsville Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Harry S. Stroud  
Residence of father (if deceased so state) Stillsville Ind.  
Birthplace of father (State or foreign country) Ind.  
9. Full maiden name of mother Janet F. Buis  
Residence of mother (if deceased so state) Stillsville, Ind.  
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Cheri Stroud  
New Address RR#1 Box 158A Stillsville Ind.

Subscribed and sworn to before me this 13 day of April, 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, HENDRICKS } ss:  
County of

Signed Harry S. Stroud FatherSigned Janet F. Stroud Mother

Subscribed and sworn to before me this 13 day of April, 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 Superior 2 Court by written order issued 3 days ago and filed in Clayton authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_  
of Indiana dated the 13 day of April, 1983, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, John O. McIntyre hereby certify that on the 16th day of April, 1983, at Clayton, County of Hendricks, State of Indiana

one thousand nine hundred and eighty-three of Hendricks County, State of Indiana  
State of Indiana, Groom Brian Russell Johnson and, Bride Cheri Lynn Stroud of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_  
County.  
Dated this 16th day of April, 1983.

Signed /s/John O. McIntyre  
Minister

Official Designation April, 1983  
Clerk

Signed Mary Jane Russell  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
HENDRICKS County

No. 157  
File April 13, 1983  
Date of Application

**MALE**  
Medical Examination Report Dated 4-6-83  
Name of Physician Wm. Edwards

**FEMALE**  
Medical Examination Report Dated 4-7-83  
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 James William White  
Date of Birth April 2, 1946  
Place of Birth (State or foreign country) Indiana  
Residence Address 996 Hobson Rd. Mooresville, Ind.  
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.  
James Eric White  
Imogene Renee White  
Tracy Allen White  
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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. White  
Residence of father (if deceased so state) Terre Haute, Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother: Bertha Lucille Funk  
Residence of mother (if deceased so state) Terre Haute, Ind.  
Birthplace of mother (State or foreign country) Indiana  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed James W. White  
New Address 996 Hobson Rd. Mooresville, Ind.  
Subscribed and sworn to before me this 13 day of April, 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, HENDRICKS } ss:  
County of HENDRICKS  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Cinda A. Finchum  
Date of Birth April 23, 1956  
Place of Birth (State or foreign country) Indiana  
Residence Address 903-B Redwood Dr. Rfd. Ind.  
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 male applicant closer than second cousin? No ☐ Yes ☐  
4. Are you now under the influence of intoxicating liquor? 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 Scott Finchum  
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Compton Senbeck  
Residence of father (if deceased so state) Spokane, Nevada  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother: Shirley Anne Kregar  
Residence of mother (if deceased so state) Florida  
Birthplace of mother (State or foreign country) Indiana  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Cinda A. Finchum  
New Address 996 Hobson Rd. Mooresville, Ind.  
Subscribed and sworn to before me this 13 day of April, 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, HENDRICKS } ss:  
County of HENDRICKS  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed in \_\_\_\_\_ Court by written order issued \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE** HENDRICKS Circuit Court  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 19 day of April, 1983, authorizing the joining together as husband and wife of James William White and Cinda A. Finchum.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, J. V. Boles, hereby certify that on the 22nd day of April, one thousand nine hundred and eighty-three, at Danville, County of Hendricks, State of Indiana, Groom James William White and, Bride Cinda A. Finchum of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 22nd day of April, 1983.

Signed J. V. Boles  
Official Designation Judge, Hendricks Circuit Court  
Filed and recorded in accordance with the laws of the State of Indiana this 4th day of May, 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. 158  
File 4-18-83  
Date of Application

MALE  
Medical Examination Report Dated 4-14-83  
Name of Physician Scuddler

FEMALE  
Medical Examination Report Dated 4-14-83  
Name of Physician Scuddler

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Gregory Stephen Oles  
Date of Birth 5 9 1957  
Place of Birth (State or foreign country) Indianapolis Ind.  
Residence Address 405 Rd 200 E. Danville Hend. Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

- Are you now or have you ever been adjudged to be of unsound mind?  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Michael Louis Oles  
Residence of father (if deceased so state) B'burg Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Florence Marie Mitchell  
Residence of mother (if deceased so state) B'burg Ind.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Gregory S. Oles  
New Address 905 200 E

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
Clerk \_\_\_\_\_

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 22nd day of April, 1983, authorizing the joining together as husband and wife of Gregory Stephen Oles and Maureen Dawn Davidson.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

1. Johnny R. Garrison hereby certify that on the 29th day of April,  
one thousand nine hundred and eighty-three at Indianapolis County of Marion  
State of Indiana, Groom Gregory Stephen Oles at Hendricks County, State of Indiana  
and, Bride Maureen D. Davidson of Hendricks County, State of Indiana  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_  
County \_\_\_\_\_  
Dated this 29th day of April, 1983

Signed /s/Rev. Johnny R. Garrison  
Ordained Minister, Assemblies of God

Official Designation \_\_\_\_\_  
4th day of May, 1983  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
HENDRICKS County

No. 159  
File 4-12-83  
Date of Application

**MALE**  
Medical Examination Report Dated 4-12-83  
Name of Physician Scamahorn

**FEMALE**  
Medical Examination Report Dated 4-12-83  
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 Steven Craig Peters  
Date of Birth July 21 1963  
Place of Birth (State or foreign country) Illinois  
Residence Address 4315 N. 1000 E. B'burg Ind IN  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☒ Other (Specify) drivers lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.  
Ryan  
Kearu

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Noel Andrew Peters  
Residence of father (if deceased so state) N. Salem  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Shirley May Myrath  
Residence of mother (if deceased so state) N. Salem  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Steven C Peters

New Address 4315 N 1000 E Brownsburg

Subscribed and sworn to before me this 15 day of April, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Rhonda Elaine Johnson  
Date of Birth Oct 24 1954  
Place of Birth (State or foreign country) Indpls  
Residence Address 4315 N. 1000 E. B'burg Ind IN  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☒ Other (Specify) drivers lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Merle Johnson  
Residence of father (if deceased so state) Indpls  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Anna Marie Francis Magendanz  
Residence of mother (if deceased so state) Indpls  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Rhonda E Johnson

New Address 4315 N 1000 E Brownsburg

Subscribed and sworn to before me this 12 day of April, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed in \_\_\_\_\_ Court by written order issued \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ HENDRICKS Circuit Court of Indiana dated the 20 day of April, 1983, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Mark Alan Dodd hereby certify that on the 23rd day of April

one thousand nine hundred and eighty-three at Indianapolis, County of Marion

State of Indiana, Groom Steven Craig Peters of Hendricks County, State of Indiana

and, Bride Rhonda Elaine Johnson of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 23rd day of April, 1983.

Signed /s/ Rev. Mark Alan Dodd  
Official Designation Pastor, North Salem U.M.C.

26th day of April, 1983

Signed Mary Jane Russell  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 160  
File 4-18-83  
Date of Application

MALE  
Medical Examination Report Dated 4-4-83  
Name of Physician Michael Nealey

FEMALE  
Medical Examination Report Dated 4-4-83  
Name of Physician Michael Nealey

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Timothy Edward Garner  
Date of Birth May 4 1960  
Place of Birth (State or foreign country) Indpls, Indiana  
Residence Address 4925 Edinborough Lane, Indpls, Ind  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers license

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Frederick Clifton Garner  
Residence of father (if deceased so state) Catesville, Ind.  
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Marilyn Louise Wilson  
Residence of mother (if deceased so state) Catesville, Ind.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Tim Garner

New Address 4925 Edinborough Lane, Indpls, Ind

Subscribed and sworn to before me this 18 day of April, 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, HENDRICKS ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

FEMALE APPLICANT

Name Diana Susan Prince  
Date of Birth June 22 1962  
Place of Birth (State or foreign country) Indpls, Indiana  
Residence Address RR 2, Box 299, Clayton, Ind  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers license

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father J. D. Prince  
Residence of father (if deceased so state) Indpls, Ind.  
Birthplace of father (State or foreign country) Tennessee

9. Full maiden name of mother Patricia Jo Mathias  
Residence of mother (if deceased so state) Indpls, Ind.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Diana Susan Prince

New Address 4925 Edinborough Lane, Indpls, Ind

Subscribed and sworn to before me this 18 day of April, 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, HENDRICKS ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed in \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 25 day of April, 1983 authorizing the joining together as husband and wife of Timothy Edward Garner and Diana Susan Prince

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
1. Stevan W. Ranson hereby certify that on the 30th day of April, 1983 at Clayton County of Hendricks State of Indiana  
one thousand nine hundred and eighty-three at Marion County, State of Indiana  
State of Indiana, Groom Timothy Edward Garner of Hendricks County, State of Indiana  
and, Bride Diane Sue Prince of \_\_\_\_\_ County, State of \_\_\_\_\_

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 30th day of April, 1983

Signed /s/Stevan W. Ranson  
Minister

Official Designation \_\_\_\_\_, 1983  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of May, 1983



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
HENDRICKS County

No. 1161  
File 4-18-83  
Date of Application

**MALE**  
Medical Examination Report Dated 3-31-83  
Name of Physician David E. Copher

**FEMALE**  
Medical Examination Report Dated 3-31-83  
Name of Physician David E. Copher

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

**MALE APPLICANT**

Name Todd Wayne Gamber  
Date of Birth Sept 3 1962  
Place of Birth Indpls, Ind.  
Residence Address 1229 Rockville Rd, Indpls, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 W. Gamber  
Residence of father (if deceased so state) Naples, Florida  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Kirby D. Squire  
Residence of mother (if deceased so state) Martinsville, Ind.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Todd Wayne Gamber  
New Address 5032 Audubon Circle Apt 106

Subscribed and sworn to before me this 18 day of April, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Kimberly Lynn Thomas  
Date of Birth Feb 24 1965  
Place of Birth Indpls, Ind.  
Residence Address 46 Acre Ln, Brownsburg, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

Sausha Danyell Thomas  
Jonathan Russell Thomas

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Steven Roland Thomas  
Residence of father (if deceased so state) Brownsburg, Ind  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Annette Maene Richardson  
Residence of mother (if deceased so state) Brownsburg, Ind.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Kimberly Lynn Thomas  
New Address 5032 Audubon Circle Apt 106

Subscribed and sworn to before me this 18 day of April, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the 22 day of April, 1983, authorizing the joining together as husband and wife of Todd Wayne Gamber and Kimberly Lynn Thomas.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

Michael Campbell hereby certify that on the 22nd day of April, one thousand nine hundred and eighty-three at Brownsburg, County of Hendricks, State of Indiana, Groom Todd Wayne Gamber of Marion County, State of Indiana and, Bride Kimberly Lynn Thomas of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 22nd day of April, 1983.

Signed /s/Michael Campbell  
Official Designation Associate Pastor  
Signed Mary Jane Russell  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 25th day of April, 1983.



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 162  
File 4-18-83  
Date of Application

MALE  
Medical Examination Report Dated 4-14-83  
Name of Physician Baker

FEMALE  
Medical Examination Report Dated 4-14-83  
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 Paul Allen Thompson  
Date of Birth 7 8 1964  
Place of Birth (State or foreign country) Indpls Ind.  
Residence Address 5808 W. Henry St Indpls Marion Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Robert Grant Thompson  
Residence of father (if deceased so state) Indpls Ind.  
Birthplace of father (State or foreign country) Massachusetts  
9. Full maiden name of mother Diane Elizabeth Koerner  
Residence of mother (if deceased so state) Indpls Ind.  
Birthplace of mother (State or foreign country) Wisconsin

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Paul A. Thompson  
New Address 5808 W. Henry St.

Subscribed and sworn to before me this 18 day of April, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed in \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 22 day of April, 1983, authorizing the joining together as husband and wife Paul Allen Thompson and Eydith M. Jones

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, George W. Davis hereby certify that on the 29th day of April, 1983, at Brownsburg, County of Hendricks, State of Indiana, Groom Paul Allen Thompson and Bride Eydith Marie Jones of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 29th day of April, 1983

Signed /s/George W. Davis, Jr.  
Minister

Official Designation 4th day of May, 1983  
Signed Mary Jane Russell HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 163

File

April 18, 1983  
Date of Application

MALE  
Medical Examination Report Dated 4-5-83  
Name of Physician Dr. [Signature]

FEMALE  
Medical Examination Report Dated 4-18-83  
Name of Physician Dr. [Signature]

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Wayne Last Knox  
Date of Birth Month 19 Day 19 Year 1957  
Place of Birth (State or foreign country) Ind.  
Residence Address Street or R. R. City County State  
1496 Rockledge Indpls. Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) Dr. License #316-70-5515
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Dr. [Signature]  
Residence of father (if deceased so state) Indpls. Ind.  
Birthplace of father (State or foreign country) Ind.  
9. Full maiden name of mother Lois B. Wilson  
Residence of mother (if deceased so state) Indpls. Ind.  
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Edward W. Knox

New Address 7496 Rockledge St. Apt C

Subscribed and sworn to before me this 18 day of Apr. 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

## FEMALE APPLICANT

Name First April Middle Dawn Last Chilton  
Date of Birth Month 10 Day 31 Year 1956  
Place of Birth (State or foreign country) Ind.  
Residence Address Street or R. R. City County State  
Rt 6 Box 58 Danville Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) Dr. License #316-64-3024
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Walter Chilton  
Residence of father (if deceased so state) Danville, Ind.  
Birthplace of father (State or foreign country) Ind.  
9. Full maiden name of mother Sharon D. Plue  
Residence of mother (if deceased so state) Danville, Ind.  
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed April D. Chilton

New Address 7496 Rockledge St. Apt C

Subscribed and sworn to before me this 18 day of Apr. 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed in \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 25th day of April, 1983, authorizing the joining together as husband and wife

Edward Wayne Knox and April Dawn Chilton

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Jerry G. VanLue hereby certify that on the 30th day of April one thousand nine hundred and eighty-three at Danville County of Hendricks State of Indiana, Groom Edward Wayne Knox of Marion County, State of Indiana and, Bride April Dawn Chilton of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 30th day of April, 1983

Signed /s/ Rev. Jerry G. VanLue

Official Designation Minister

4th day of May, 1983

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 164  
File April 18, 1983  
163  
Date of Application

MALE  
Medical Examination Report Dated 4-7-83  
Name of Physician M. D. Scamahan

FEMALE  
Medical Examination Report Dated 4-7-83  
Name of Physician M. D. Scamahan

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

## MALE APPLICANT

Name Stephen Lee Garland  
Date of Birth Sept 20 1964  
Place of Birth (State or foreign country) Ind.  
Residence Address Box 173 Street or R. R. 2 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) \_\_\_\_\_
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Edgar Garland, Jr.  
Residence of father (if deceased so state) Lizton Ind.  
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Rita L. Garland  
Residence of mother (if deceased so state) Lizton  
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Stephen L. Garland  
New Address Lizton Ind.

Subscribed and sworn to before me this 18 day of April, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name Anna Gale Shields  
Date of Birth July 17 1966  
Place of Birth (State or foreign country) Ind.  
Residence Address 325 W. Lincoln Street or R. R. \_\_\_\_\_ City Danville County \_\_\_\_\_ State \_\_\_\_\_  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☐ Yes ☐
  - Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
  - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Frank J. Shields  
Residence of father (if deceased so state) Deceased  
Birthplace of father (State or foreign country) \_\_\_\_\_

9. Full maiden name of mother Nazel D. Clark  
Residence of mother (if deceased so state) Deceased  
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Anna G. Shields  
New Address Lizton Ind.

Subscribed and sworn to before me this 18 day of April, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed Mary L. Carter Mother

Subscribed and sworn to before me this 18 day of April, 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 \_\_\_\_\_ and filed \_\_\_\_\_  
HENDRICKS County Superior Court by written order issued as waiver  
in Clark authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_  
of Indiana dated the 21 day of April, 1983, authorizing the joining together as husband and wife  
Stephen Lee Garland and Anna Gale Shields  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Ollie G. Wilson hereby certify that on the 24th day of April, 1983,  
one thousand nine hundred and eight-three at Lizton County of Hendricks  
State of Indiana, Groom Stephen Lee Garland of Hendricks County, State of Indiana  
and, Bride Anna Gale Shields of Hendricks County, State of Indiana  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_  
County, \_\_\_\_\_  
Dated this 24th day of April, 1983  
Signed /s/Rev. Ollie G. Wilson  
Official Designation Ordained Minister  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 26th day of April, 1983



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 165  
File 4-19-83  
Date of Application

MALE  
Medical Examination Report Dated 4-14-83  
Name of Physician Clark

FEMALE  
Medical Examination Report Dated 4-14-83  
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 Richard Dean Frye  
Date of Birth 5 19 1961  
Place of Birth (State or foreign country) Clinton, Ind.  
Residence Address 2704 Embassy Row Apt 204 Speedway Mend Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Val Frye  
Residence of father (if deceased so state) Danville Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Pauletta J. Ciemm  
Residence of mother (if deceased so state) Danville Ind.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Richard Dean Frye  
New Address 2704 Embassy Row Apt 204

Subscribed and sworn to before me this 19 day of April, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed in \_\_\_\_\_ Court by written order issued \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the 23rd day of April, 19 83, authorizing the joining together as husband and wife of Richard Dean Frye and Jo Ellen Kay Armenoff.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, John R. Canedy hereby certify that on the 23rd day of April, 19 83, at Indianapolis, County of Marion, State of Indiana, Groom Richard Dean Frye of Hendricks County, State of Indiana, and, Bride Jo Ellen Kay Armenoff of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 23rd day of April, 19 83.

Signed /s/John R. Canedy  
Pastor

Official Designation 27th day of April, 19 83  
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 166

File

Date of Application April 19, 1983

## MALE

Medical Examination Report Dated 4-18-83

Name of Physician David Naggard

## FEMALE

Medical Examination Report Dated 4-18-83

Name of Physician David Naggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

## MALE APPLICANT

Name Phillip Ray Bailey  
Date of Birth July 15 1965  
Place of Birth (State or foreign country) Ind.  
Residence Address Box 597 Plainfield Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Billy Ray Bailey  
Residence of father (if deceased so state) Plainfield Ind.  
Birthplace of father (State or foreign country) Ind.  
9. Full maiden name of mother Roris Ann Fultz  
Residence of mother (if deceased so state) Plainfield Ind.  
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Phillip Ray BaileyNew Address PO Box 242 Clayton Ind.

Subscribed and sworn to before me this 19 day of April, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_  
HENDRICKS County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ 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 23rd day of April, 1983, authorizing the joining together as husband and wife  
Phillip Ray Bailey and Lisa Jo Gregory

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, William E. Wright, hereby certify that on the 23rd day of April,  
one thousand nine hundred and eighty-three at Mooresville, County of Morgan  
State of Indiana, Groom Phillip Ray Bailey Hendricks County, State of Indiana  
and, Bride Lisa Jo Gregory of Marion County, State of Indiana  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_  
County.

Dated this 23rd day of April, 1983

Signed /s/ William E. Wright  
Official Designation Ordained Minister

26th day of April, 1983  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
HENDRICKS County

No. 167  
File April 19, 1983  
Date of Application

**MALE**  
Medical Examination Report Dated 4-14-83  
Name of Physician A. N. Sudda, M.D.

**FEMALE**  
Medical Examination Report Dated 4-14-83  
Name of Physician A. N. Sudda, 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 John Edgar Frazee  
Date of Birth April 10, 1963  
Place of Birth (State or foreign country) Indiana  
Residence Address 16875 N. 900E. Brownsburg, IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.  
8. Full name of father Arnold Hugh Frazee  
Residence of father (if deceased so state) Brownsburg, IN  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Betty Catherine Holland  
Residence of mother (if deceased so state) Brownsburg, IN  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed John Frazee  
New Address US 36 Avon Indiana  
Subscribed and sworn to before me this 19 day of April, 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, HENDRICKS ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**  
Name April Ann Root  
Date of Birth April 23, 1964  
Place of Birth (State or foreign country) Hendricks Co. IN  
Residence Address 2950 North 600E. Brownsburg IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Carl Root  
Residence of father (if deceased so state) Kentucky  
Birthplace of father (State or foreign country) Kentucky  
9. Full maiden name of mother Sharon Lee Ray  
Residence of mother (if deceased so state) Brownsburg, IN  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed April A. Root  
New Address US 36 Avon Indiana  
Subscribed and sworn to before me this 19 day of April, 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, HENDRICKS ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_  
HENDRICKS County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed  
in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_  
of Indiana dated the 28 day of April, 1983, authorizing the joining together as husband and wife  
John Edgar Frazee and April Ann Root  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Bruce A. Brown  
one thousand nine hundred and eighty-three hereby certify that on the 30th day of April  
State of Indiana, Groom John Edgar Frazee at Brownsburg, County of Hendricks  
and, Bride April Ann Root of Hendricks County, State of Indiana  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of  
County, HENDRICKS  
Dated this 30th day of April, 1983

Signed /s/Rev. Bruce A. Brown  
Official Designation Pastor  
23rd day of May, 1983  
Signed Mary Jane Russell  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 168  
File  
Date of Application April 20, 1983

MALE  
Medical Examination Report Dated 4-15-83  
Name of Physician Thomas Wester

FEMALE  
Medical Examination Report Dated 4-14-83  
Name of Physician Thomas Wester

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Wayne Last McTargett  
Date of Birth Month Jan Day 20 Year 1963  
Place of Birth (State or foreign country) Ky  
Residence Address 9380 Old Rd 37N City Martinsville State In.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☒  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☒
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☒
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☒
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☒
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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. McTargett  
Residence of father (if deceased so state) Martinsville In.  
Birthplace of father (State or foreign country) Ky

9. Full maiden name of mother Mary A. Renshaw  
Residence of mother (if deceased so state) Martinsville In.  
Birthplace of mother (State or foreign country) Ky

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Charles W. McTargett  
New Address 1277 South Center Plainfield In

Subscribed and sworn to before me this 20 day of April, 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, Hendricks } ss:  
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19  
Clerk

## FEMALE APPLICANT

Name First Tamara Middle Ann Last Baskerville  
Date of Birth Month Nov Day 7 Year 1961  
Place of Birth (State or foreign country) Ky  
Residence Address 1277 S. Center Plainfield City Plainfield State In.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☒
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☒
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☒
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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. Baskerville  
Residence of father (if deceased so state) Plainfield In.  
Birthplace of father (State or foreign country) In.

9. Full maiden name of mother Phyllis Wood  
Residence of mother (if deceased so state) Plainfield In.  
Birthplace of mother (State or foreign country) In.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Tamara Baskerville  
New Address 1277 South Center Plainfield In

Subscribed and sworn to before me this 20 day of April, 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, Hendricks } ss:  
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Court by written order issued in authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Hendricks Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the of Indiana dated the 26 day of April, 1983, authorizing the joining together as husband and wife Charles Wayne McTargett and Tamara Ann Baskerville

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Harold Price hereby certify that on the 6th day of May, 1983, at Plainfield, Hendricks County, State of Indiana, Charles Wayne McTargett of Morgan County, State of Indiana and, Bride, Tamara A. Baskerville of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 6th day of May, 1983

Signed/s/Harold Price  
Official Designation May 9th day of 1983  
Clerk

Signed Mary Jane Russell Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 169  
File 4-20-83  
Date of Application

MALE  
Medical Examination Report Dated 4-14-83  
Name of Physician Duncan

FEMALE  
Medical Examination Report Dated 4-14-83  
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 James Jackson Miller  
Date of Birth July 1 1951  
Place of Birth (State or foreign country) Illinois  
Residence Address 906 Craigwood Pl. Hendricks Ind.  
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
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
  - If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☐ Yes ☐
  - Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
  - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
  - Full name of father William Charles Miller  
Residence of father (if deceased so state) Deceased  
Birthplace of father (State or foreign country) Ill
  - Full maiden name of mother Mura Mae Doss  
Residence of mother (if deceased so state) Deceased  
Birthplace of mother (State or foreign country) Ky
- State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed James J. Miller

New Address

Subscribed and sworn to before me this 20 day of April, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Hendricks Circuit Court of Indiana dated the 27th day of April, 1983, authorizing the joining together as husband and wife of James Jackson Miller and Theresa L. Reed.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Howard D. Allen, Rev. John Crose hereby certify that on the 29th day of April one thousand nine hundred and eighty-three at Avon, County of Hendricks State of Indiana, Groom James Jackson Miller of Hendricks County, State of Indiana and, Bride Theresa L. Reed of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 29th day of April, 1983.

/s/Rev. John L. Crose  
Signed /s/Rev. Howard D. Allen  
Pastors

Official Designation 29th day of April, 1983  
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 170  
File 4-21-83  
Date of Application

MALE  
Medical Examination Report Dated 4-19-83  
Name of Physician Kohler

FEMALE  
Medical Examination Report Dated 4-19-83  
Name of Physician Kohler

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

## MALE APPLICANT

Name Albert E. Davis, III  
Date of Birth 10 17 1949  
Place of Birth (State or foreign country) Terre Haute Ind.  
Residence Address R2 Box 146 Coatesville Hend Ind.

Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐

6. List the full names of any dependent children.  
Edward Paul Davis

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Albert E. Davis, Jr.  
Residence of father (if deceased so state) Indpls Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Mary Marcellyn Roberts  
Residence of mother (if deceased so state) Indpls Ind.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Albert E. Davis, III

New Address Same

Subscribed and sworn to before me this 21 day of April, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed in \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the 25 day of April, 1983, authorizing the joining together as husband and wife of Albert E. Davis, III and Jennifer Ann Smith

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John T. Mullin hereby certify that on the 30th day of April, one thousand nine hundred and eighty-three at Cambry County of Hendricks State of Indiana, Groom Albert E. Davis, III of Hendricks County, State of Indiana and, Bride Jennifer Ann Smith of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 30th day of April, 1983

Signed /s/John T. Mullin  
Pastor

Official Designation 4th day of May, 1983  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_

## FEMALE APPLICANT

Name Jennifer Ann Smith  
Date of Birth 3 15 1951  
Place of Birth (State or foreign country) Indpls Ind.  
Residence Address R2 Box 146 Coatesville Hend Ind.

Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐

6. List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Lawson Gray Smith  
Residence of father (if deceased so state) Deceased  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Anette Kelley  
Residence of mother (if deceased so state) Indpls Ind.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed J. J. Smith

New Address Same

Subscribed and sworn to before me this 21 day of April, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
HENDRICKS County

No. 171  
File \_\_\_\_\_  
Date of Application April 21, 1983

MALE  
Medical Examination Report Dated 4-18-83  
Name of Physician Wm Edwards

FEMALE  
Medical Examination Report Dated 4-18-83  
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 Robert James Hickam  
Date of Birth Apr 27 1942  
Place of Birth (State or foreign country) Va.  
Residence Address 612 N. Walton Ave. Indianapolis, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☐ Other (Specify) Dr. Lic. S-446-106-7678  
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.  
8. Full name of father Sylvester Hickam  
Residence of father (if deceased so state) Bristol, Tn.  
Birthplace of father (State or foreign country) Va.  
9. Full maiden name of mother Idell Turner  
Residence of mother (if deceased so state) Bristol, Tn.  
Birthplace of mother (State or foreign country) Ohio  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Robert J. Hickam

New Address 612 N. Walton Ave

Subscribed and sworn to before me this 21 day of April, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_, Clerk

**FEMALE APPLICANT**  
Name Martha Faye Ping  
Date of Birth Mar 19 1940  
Place of Birth (State or foreign country) Ky  
Residence Address 3425 S. Campbell Rd. Indianapolis, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☐ Other (Specify) Dr. Lic. S-402-58-3213  
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Stevens  
Residence of father (if deceased so state) Somerset, Ky  
Birthplace of father (State or foreign country) Ky  
9. Full maiden name of mother Emma Brown  
Residence of mother (if deceased so state) deceased  
Birthplace of mother (State or foreign country) Ky  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Martha Faye Ping

New Address 612 N. Walton Ave

Subscribed and sworn to before me this 21 day of April, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed in \_\_\_\_\_ Court by written order issued \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE** HENDRICKS Circuit Court  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 27 day of April, 1983, authorizing the joining together as husband and wife of Robert James Hickam and Martha Faye Ping.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Tommie Long hereby certify that on the 30th day of April, one thousand nine hundred and eighty-three at Indianapolis, County of Marion, State of Indiana, Groom Robert James Hickam of Marion, County, State of Indiana and, Bride Martha Faye Ping of Hendricks, County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 30th day of April, 1983.

Signed /s/ Tommie Long

Official Designation Pastor of the Baptist Church  
4th day of May, 1983

Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 172

File

April 21, 1983

Date of Application

MALE

Medical Examination Report Dated 4-19-83

Name of Physician Joseph T. Dyer

FEMALE

Medical Examination Report Dated 4-14-83

Name of Physician Marc Kappelman

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Riley Middle King Last Chaney  
Date of Birth Month Aug Day 13 Year 1944  
Place of Birth (State or foreign country) Kan.  
Residence Address Street or R. R. 542 Endeavor Apt 4 City Brownsville County Hendricks State Ind.  
Previous Marital Status: Never Married ☐ OR ☒ Divorce ☐ Annulment ☐  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

Jennice Chaney Jill Chaney  
Jessie Chaney Rosi Chaney  
Julayne Chaney Ryan Chaney

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Louis H. Chaney

Residence of father (if deceased so state) deceased

Birthplace of father (State or foreign country) Kan.

9. Full maiden name of mother Olivia C. King

Residence of mother (if deceased so state) Whitewater, Kan.

Birthplace of mother (State or foreign country) Kan.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed Riley K. Chaney

New Address 542 Endeavor Ave Apt 4

Subscribed and sworn to before me this 21 day of April, 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, HENDRICKS ss:

County of HENDRICKS

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court by written order issued 3 day Waver and filed in Charles G. Goff authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 21 day of April, 1983, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Larry Lilly hereby certify that on the 23rd day of April, 1983, at Avon, County of Hendricks, State of Indiana

one thousand nine hundred and eighty-three at Hendricks, County, State of Indiana

State of Indiana, Groom Riley King Chaney of Hendricks, County, State of HENDRICKS

and, Bride Linda Lee Head of \_\_\_\_\_

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 23rd day of April, 1983

Signed /s/Larry Lilly

Official Designation Pastor, 1983

26th day of April

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
HENDRICKS County

No. 173  
File 4-22-83  
Date of Application

**MALE**  
Medical Examination Report Dated 4-4-83  
Name of Physician Michael Neley

**FEMALE**  
Medical Examination Report Dated 4-4-83  
Name of Physician Michael Neley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

**MALE APPLICANT**

Name Paul Douglas Murphy  
Date of Birth Dec 27 1962  
Place of Birth (State or foreign country) Indpls, Ind.  
Residence Address 219 S. Kentucky, Danville, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by ☒ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Paul J. Murphy  
Residence of father (if deceased so state) Danville, Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Dorothy Nolan  
Residence of mother (if deceased so state) Danville, Ind.  
Birthplace of mother (State or foreign country) Colorado

State of Indiana, } ss: I depose and state the information given  
County of HENDRICKS } in this application is true and correct.

Signed Paul J. Murphy  
New Address 219 S. Kentucky St.  
Subscribed and sworn to before me this 22 day of April, 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, } ss:  
County of HENDRICKS }

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Christina Diane McFarlin  
Date of Birth August 25 1966  
Place of Birth (State or foreign country) Danville, Indiana  
Residence Address 295 E. Mill, Danville, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Ray Vernon McFarlin  
Residence of father (if deceased so state) Danville, Ind.  
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, Ind.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given  
County of HENDRICKS } in this application is true and correct.

Signed Christina Diane McFarlin  
New Address 219 S. Kentucky St.  
Subscribed and sworn to before me this 22 day of April, 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, } ss:  
County of HENDRICKS }

Signed Ray McFarlin Father  
Signed Elsie McFarlin Mother

Subscribed and sworn to before me this 22 day of April, 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 Circuit Court by written order issued 3 day waiver - age 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 22nd day of April, 1983, authorizing the joining together as husband and wife  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
1. Paul Douglas Murphy and Christina Diane McFarlin  
I, Carl M. Hazel

hereby certify that on the 1st day of May,  
at Avon, County of Hendricks  
State of Indiana, Groom Paul Douglas Murphy of Hendricks County, State of Indiana  
and, Bride Christina Diane McFarlin of Hendricks County, State of Indiana  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.  
Dated this 1st day of May, 1983.

Signed /s/Carl M. Hazel  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of May, 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. 174  
File  
Date of Application 4-22-83

MALE  
Medical Examination Report Dated 4-19-83  
Name of Physician Michael A. Nemeth

FEMALE  
Medical Examination Report Dated 4-19-83  
Name of Physician Michael Nemeth

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

## MALE APPLICANT

Name Michael Allen Nemeth  
Date of Birth Aug 3 1956  
Place of Birth (State or foreign country) South Bend, Indiana  
Residence Address 5450 Miami Rd, South Bend, Ind.

Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Walter Julius Nemeth  
Residence of father (if deceased so state): South Bend, Ind.  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Donna Belle Davies  
Residence of mother (if deceased so state): South Bend, Ind.  
Birthplace of mother (State or foreign country): Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed: Michael Allen Nemeth

New Address: 2165 N 60th St, Milwaukee, WI

Subscribed and sworn to before me this 22 day of April, 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, Hendricks } ss:

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 19, 1983  
Clerk

## FEMALE APPLICANT

Name Penny Lou Bull  
Date of Birth May 5 1955  
Place of Birth (State or foreign country) Indpls, Ind.  
Residence Address 903 Buchanan St, Plainfield, Ind.

Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Divorced license

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Stanley Vincent Bull  
Residence of father (if deceased so state): deceased  
Birthplace of father (State or foreign country): England  
9. Full maiden name of mother: Mildred Claire LaMaster  
Residence of mother (if deceased so state): Plainfield, Ind.  
Birthplace of mother (State or foreign country): Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed: Penny Lou Bull

New Address: 2165 N. 60th St. Milwaukee, WI

Subscribed and sworn to before me this 22 day of April, 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, Hendricks } ss:

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 19, 1983  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior Court by written order issued 3 day waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Hendricks Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks County, Indiana dated the 22nd day of April, 1983, authorizing the joining together as husband and wife of Michael Allen Nemeth and Penny Lou Bull.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Dewey A. Thackston hereby certify that on the 23rd day of April, 1983, at Plainfield, Wisconsin, one thousand nine hundred and eighty-three, Michael Allen Nemeth of Milwaukee, Wisconsin, County, State of Wisconsin, and, Bride, Penny Lou Bull of Milwaukee, Wisconsin, County, State of Wisconsin, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 23rd day of April, 1983.

Signed: /s/ Dewey E. Thackston  
Minister of the Gospel

Official Designation: April 26th day of 1983  
Signed: Mary Jane Russell Clerk Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
HENDRICKS County

No. 175  
File 4-22-83  
Date of Application

**MALE**  
Medical Examination Report Dated 4-9-83  
Name of Physician Joseph C. Berlin, M.D.

**FEMALE**  
Medical Examination Report Dated 4-9-83  
Name of Physician Joseph C. Berlin, 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 Harrell S. Mackey, Jr.  
Date of Birth 6/27/1960  
Place of Birth (State or foreign country) Evansville, Ind.  
Residence Address 2517 S. Villa, Evansville, Ind. 47714  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) Driver's License
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
  - If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Harrell S. Mackey, Jr.  
Residence of father (if deceased so state) Evansville, Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Anna Frances Bentley  
Residence of mother (if deceased so state) Evansville, Ind.  
Birthplace of mother (State or foreign country) Kentucky  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Darrell Mackey Jr.  
New Address 2579 Greenwich Sq. Evansville  
Subscribed and sworn to before me this 22nd day of April, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk \_\_\_\_\_

**FEMALE APPLICANT**

Name Rhonda R. Fuehrer  
Date of Birth 4/7/1962  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address 51 North Park, 200 E, Monroeville, Ind. 46122  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Russ R. Fuehrer  
Residence of father (if deceased so state) Monroeville, Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Carolyn S. McCalister  
Residence of mother (if deceased so state) Monroeville, Ind.  
Birthplace of mother (State or foreign country) Indiana  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Rhonda R. Fuehrer  
New Address 2579 Greenwich Square Evansville, Ind.  
Subscribed and sworn to before me this 22nd day of April, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk \_\_\_\_\_

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the 28 day of April, 1983, authorizing the joining together as husband and wife of Darrell L. Mackey, Jr. and Rhonda R. Fuehrer.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Charles E. Chestnut hereby certify that on the 14th day of May, 1983, at Indianapolis, County of Marion, State of Indiana, Groom Darrell L. Mackey, Jr. and, Bride Rhonda R. Fuehrer of Vanderburgh County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County, Dated this 14th day of May, 1983.

Signed /s/ Charles E. Chestnut  
Official Designation Pastor  
17th day of May, 1983  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 176

File 3-22-83  
Date of Application

MALE  
Medical Examination Report Dated 3-25-83  
Name of Physician Steven Paschall

FEMALE  
Medical Examination Report Dated 3-25-83  
Name of Physician Steven Paschall

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Dewayne Last Hendricks  
Date of Birth Month Feb Day 2 Year 1966  
Place of Birth (State or foreign country) In.  
Residence Address Street or R. R. Box 152 City Danville County In. State In.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
  3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
  4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Stephen Hendricks  
Residence of father (if deceased so state): Same  
Birthplace of father (State or foreign country): In.  
9. Full maiden name of mother: Billie J. Ballar  
Residence of mother (if deceased so state): Same  
Birthplace of mother (State or foreign country): In.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Timothy D. Hendricks  
New Address: RR 2 Box 152  
Subscribed and sworn to before me this 22 day of April, 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, HENDRICKS } ss:  
County of HENDRICKS }  
Signed: Stephen D. Hendricks Father  
Signed: Billie J. Hendricks Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

FEMALE APPLICANT

Name First Luann Middle Arrington Last  
Date of Birth Month Sept Day 10 Year 1965  
Place of Birth (State or foreign country) In.  
Residence Address Street or R. R. 783 Cross St. City Danville County In. State In.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
  3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
  4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Fred Arrington  
Residence of father (if deceased so state): Unknown  
Birthplace of father (State or foreign country): Va.  
9. Full maiden name of mother: Wilmetta Tractwell  
Residence of mother (if deceased so state): Danville In.  
Birthplace of mother (State or foreign country): In.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Luann Arrington  
New Address: RR 2 Box 152  
Subscribed and sworn to before me this 22 day of April, 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, HENDRICKS } ss:  
County of HENDRICKS }  
Signed: \_\_\_\_\_ Father  
Signed: Mrs. Wilmetta K. Harper Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued \_\_\_\_\_ 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 13 day of May, 1983, authorizing the joining together as husband and wife Timothy Dewayne Hendricks and Luann Arrington  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Harlan Kincade hereby certify that on the 4th day of June, one thousand nine hundred and eighty-three at New Winchester, County of Hendricks, State of Indiana, Groom Timothy Dewayne Hendricks of Hendricks County, State of Indiana, and, Bride Luann Arrington of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 4th day of June, 1983

Signed/s Harlan Kincade Minister  
Official Designation \_\_\_\_\_, 19 83  
9th day of June  
Signed: Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
HENDRICKS County

No. 177  
File 4-25-83  
Date of Application

**MALE**  
Medical Examination Report Dated 4-15-83  
Name of Physician O'Brian

**FEMALE**  
Medical Examination Report Dated 4-15-83  
Name of Physician O'Brian

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

**MALE APPLICANT**

Name Dale Allen Wade  
Date of Birth 8 Month 2 Day 1956 Year  
Place of Birth (State or foreign country) Indpls Ind.  
Residence Address 245 N. Vine #9 City Plt. County Hend. State Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Wilbur Leland Wade  
Residence of father (if deceased so state) Jaybanks, Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Esther Evelyn Wrightsman  
Residence of mother (if deceased so state) Jaybanks, Ind.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Dale A. Wade  
New Address 245 N. Vine #9 Plt. Ind.  
Subscribed and sworn to before me this 25 day of April, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Bari Denise Estes  
Date of Birth 1 Month 30 Day 1964 Year  
Place of Birth (State or foreign country) Indianapolis Ind.  
Residence Address 3813 Rossview 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 Jimmie W. Estes  
Residence of father (if deceased so state) Plt. Ind.  
Birthplace of father (State or foreign country) Kentucky  
9. Full maiden name of mother Lena S. Deaton  
Residence of mother (if deceased so state) Plt. Ind.  
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Bari D. Estes  
New Address 245 N. Vine #9 Plt. Ind.  
Subscribed and sworn to before me this 25 day of April, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE** HENDRICKS Circuit Court  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 29 day of April, 1983 authorizing the joining together as husband and wife of Dale Allen Wade and Bari Denise Estes  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Dan Bunch hereby certify that on the 7th day of May,  
one thousand nine hundred and eighty-three at Indianapolis, County of Marion,  
State of Indiana, Groom Dale Allen Wade of Hendricks County, State of Indiana,  
and, Bride Bari D. Estes of Marion County, State of Indiana,  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 7th day of May, 1983

Signed /s/ Dan Bunch  
Official Designation Minister  
17th day of May, 1983  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 178  
File 4-25-83  
Date of Application

MALE  
Medical Examination Report Dated 4-19-83  
Name of Physician Baker

FEMALE  
Medical Examination Report Dated 4-19-83  
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 David Middle E. Last Asher  
Date of Birth Month 6 Day 10 Year 1956  
Place of Birth (State or foreign country) Covington Kentucky  
Residence Address 3152 Clifford Ave Covington Kenton Kentucky  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License w/picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
- If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
- If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Earl Asher  
Residence of father (if deceased so state): Independence, Ky  
Birthplace of father (State or foreign country): Kentucky  
9. Full maiden name of mother: Nadine Baldwin  
Residence of mother (if deceased so state): Independence, Ky  
Birthplace of mother (State or foreign country): Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: David Asher  
New Address: 3152 Clifford Ave. Cov. Ky.  
Subscribed and sworn to before me this 25 day of April 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, HENDRICKS } ss:

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1983  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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 County Court authorizing the joining together as husband and wife of Indiana dated the 29th day of April 1983

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Richard W. Fox hereby certify that on the 30th day of April 1983 at Plainfield, Kentucky, County of Hendricks, State of Indiana, Groom David Earl Asher and, Bride Marcia Lynn Crabtree of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 30th day of April 1983  
Signed: /s/ Richard W. Fox  
Official Designation: Pastor  
2nd day of May 1983  
Signed: Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this day of May 1983

## FEMALE APPLICANT

Name First Marchia Middle L. Last Crabtree  
Date of Birth Month 1 Day 25 Year 1958  
Place of Birth (State or foreign country) Covington Kentucky  
Residence Address 1403 Purcell Dr. Plft. Ind.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
- If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

Amber Rae Angel Lick

Geddy Neil Alex Crabtree

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
- If answer is "yes", it is required that this Application be 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 S. Angel  
Residence of father (if deceased so state): Plft. Ind.  
Birthplace of father (State or foreign country): Kentucky  
9. Full maiden name of mother: Charlotte M. Williams  
Residence of mother (if deceased so state): Plft. Ind.  
Birthplace of mother (State or foreign country): Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Marchia L. Crabtree  
New Address: 3152 Clifford Ave. Ky.  
Subscribed and sworn to before me this 25 day of April 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, HENDRICKS } ss:

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1983  
Clerk



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 179

File 4-25-83

Date of Application

MALE  
Medical Examination Report Dated 4-19-83  
Name of Physician Block

FEMALE  
Medical Examination Report Dated 4-15-83  
Name of Physician 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 Middle Last  
Michael Allen Garland  
Date of Birth Month Day Year  
Jan 7 1961  
Place of Birth (State or foreign country)  
Lebanon Ind. Boone Co. Ind.  
Residence Address Street or R. R. City County State  
PO Box 126 Lizton Ind. Hendricks  
Previous Marital 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: Floyd Earl Garland  
Residence of father (if deceased so state): Lizton Ind.  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Loretta Smith  
Residence of mother (if deceased so state): Lizton Ind.  
Birthplace of mother (State or foreign country): Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed: Michael A. Garland  
New Address: PO Box 126 Lizton Ind.  
Subscribed and sworn to before me this 25 day of April, 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, HENDRICKS } ss:  
County of

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1983.

Clerk

## FEMALE APPLICANT

Name First Middle Last  
Kimberly Ann Schwomeyer  
Date of Birth Month Day Year  
8 14 1963  
Place of Birth (State or foreign country)  
Naples Ind.  
Residence Address Street or R. R. City County State  
PO Box 126 Lizton Ind. Hendricks  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐  
6. List the full names of any dependent children:

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Jack E. Schwomeyer  
Residence of father (if deceased so state): B'burg Ind.  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Sharon A. Eckel  
Residence of mother (if deceased so state): B'burg Ind.  
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed: Kimberly A. Schwomeyer  
New Address: PO Box 126 Lizton Ind.  
Subscribed and sworn to before me this 25 day of April, 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, HENDRICKS } ss:  
County of

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1983.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 April, 1983 authorizing the joining together as husband and wife of Michael A. Garland and Kimberly L. Schwomeyer  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Raymond L. Rader hereby certify that on the 6th day of May one thousand nine hundred and eighty-three at Lizton, County of Hendricks, State of Indiana, Groom Michael A. Garland of Hendricks County, State of Indiana and, Bride Kimberly L. Schwomeyer of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 6th day of May, 1983.

Filed and recorded in accordance with the laws of the State of Indiana this

Signed/s/ Rev. Raymond L. Rader  
Official Designation Pastor  
9th day of May, 1983  
Signed: Mary Jane Russell  
HENDRICKS Circuit Court Clerk



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 180

File

April Date of Application

MALE

Medical Examination Report Dated 4-21-83

Name of Physician David Haggard

FEMALE

Medical Examination Report Dated 4-21-83

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 Timothy Ray Dunn  
Date of Birth Feb 18 1963  
Place of Birth (State or foreign country) Mich  
Residence Address 245 N. Vinc Plainfield Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Dunn  
Residence of father (if deceased so state) Plainfield, Ind.  
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Judy Coxley  
Residence of mother (if deceased so state) Plainfield, Ind.  
Birthplace of mother (State or foreign country) Mich

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Timothy R. Dunn

New Address 245 N. Vinc St. Apt. 22 Plainfield

Subscribed and sworn to before me this 25 day of April, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

FEMALE APPLICANT

Name Tammy Sue Landis  
Date of Birth April 13 1966  
Place of Birth (State or foreign country) Ind.  
Residence Address 4415 Bridgefield Rd Plainfield Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Landis  
Residence of father (if deceased so state) Same  
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother D. Kay Chamberlin  
Residence of mother (if deceased so state) Same  
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Tammy S. Landis

New Address 245 N. Vinc St. Apt. 22 Plc

Subscribed and sworn to before me this 25 day of April, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed D. Kay Landis Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed in \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 29th day of April, 1983, authorizing the joining together as husband and wife Timothy Ray Dunn and Tammy Sue Landis

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Darrell W. Cox, hereby certify that on the 14th day of May, eighty-three at Maple Grove, County of Hendricks, State of Indiana  
one thousand nine hundred and eighty-three at Hendricks, County, State of Indiana  
State of Indiana, Groom Timothy Ray Dunn of Hendricks, County, State of HENDRICKS  
and, Bride Tammy Sue Landis of \_\_\_\_\_

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 14th day of April, 1983

Signed /s/Darrell W. Cox  
Pastor

Official Designation \_\_\_\_\_, 1983  
17th day of May  
Signed \_\_\_\_\_ Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 180  
File April  
Date of Application

MALE  
Medical Examination Report Dated 4-21-83  
Name of Physician David Haggard

FEMALE  
Medical Examination Report Dated 4-21-83  
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 Timothy Ray Dunn  
Date of Birth Feb 18 1963  
Place of Birth (State or foreign country) Mich  
Residence Address 245 W. Vine Plainfield Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Dunn  
Residence of father (if deceased so state) Plainfield, Ind.  
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Judy Coxley  
Residence of mother (if deceased so state) Plainfield, Ind.  
Birthplace of mother (State or foreign country) Mich

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Timothy R. Dunn

FEMALE APPLICANT

Name Tammy Sue Landis  
Date of Birth April 13 1966  
Place of Birth (State or foreign country) Ind.  
Residence Address 4415 Bridgefield Rd Indianapolis Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Landis  
Residence of father (if deceased so state) Same  
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother D. Kay Chamberlin  
Residence of mother (if deceased so state) Same  
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Tammy S. Landis

Subscribed and sworn to

CONSENT OF PARENTS

We, the parents, of the above named parties, do hereby sign, state facts which

State of Indiana, HEN  
County of

Signe

Signe

Subscribed and sworn to

I, Paul E. Landis, hereby give my consent for  
my Daughter, Tammy S. Landis  
to marry Timothy Dunn.

subscribed and sworn to before me this 29th day of April, 19 83

Notary Public

MAUREEN J. VENNEMANN, Notary Public  
My Commission Expires 6-21-85  
County of Residence Martin

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the  
HENDRICKS County Court by written order issued \_\_\_\_\_ and filed  
in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 29th day of April, 19 83, authorizing the joining together as husband and wife  
Timothy Ray Dunn and Tammy Sue Landis

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Darrell W. Cox, hereby certify that on the 14th day of May, 19 83, at Maple Grove, County of Hendricks, State of Indiana,  
one thousand nine hundred and eighty-three of Hendricks County, State of Indiana,  
State of Indiana, Groom Timothy Ray Dunn of Hendricks County, State of Indiana,  
and, Bride Tammy Sue Landis of \_\_\_\_\_

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_  
County, \_\_\_\_\_  
Dated this 14th day of April, 19 83.

Signed /s/Darrell W. Cox  
Pastor

Official Designation \_\_\_\_\_, 19 83  
17th day of May  
Signed \_\_\_\_\_ HENDRICKS Circuit Court Clerk

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 181  
File April 24, 1983  
Date of Application

MALE  
Medical Examination Report Dated 4-14-83  
Name of Physician David Hadley

FEMALE  
Medical Examination Report Dated 4-14-83  
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 William Scott Basford  
Date of Birth Mar 18 1960  
Place of Birth (State or foreign country) Ind  
Residence Address 105 S. Mill Plainfield Ind.  
Previous Marital Status Never Married OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐  
6. List the full names of any dependent children \_\_\_\_\_

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Ray Basford  
Residence of father (if deceased so state) Plainfield, Ind.  
Birthplace of father (State or foreign country) Ind  
9. Full maiden name of mother Ardena S. Rootz  
Residence of mother (if deceased so state) Plainfield, Ind.  
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed William S Basford  
New Address 105 S MILL ST PLAINFIELD

Subscribed and sworn to before me this 24 day of April, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name Tarin Lee Hoover  
Date of Birth June 4 1962  
Place of Birth (State or foreign country) Ind  
Residence Address 105 S. Mill Plainfield Ind.  
Previous Marital Status: Never Married OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐  
6. List the full names of any dependent children Lela - Gene Ruth Hoover

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Hoover  
Residence of father (if deceased so state) Spudway, Ind  
Birthplace of father (State or foreign country) Ind  
9. Full maiden name of mother Wilma S. Feitzman  
Residence of mother (if deceased so state) Brownburg, Ind.  
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Tarin Lee Hoover  
New Address 105 S MILL ST PLAINFIELD

Subscribed and sworn to before me this 24 day of April, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_  
HENDRICKS County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed  
in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_  
of Indiana dated the 30 day of April, 1983, authorizing the joining together as husband and wife  
William Scott Basford and Tarin Lee Hoover

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Dewey A. Thackston hereby certify that on the 30th day of April  
one thousand nine hundred and eighty-three at Plainfield, County of Hendricks  
State of Indiana, Groom William Scott Basford of Hendricks County, State of Indiana  
and, Bride Tarin Lee Hoover of Hendricks County, State of Indiana  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_  
County. Dated this 30th day of April, 1983.

Signed /s/ Dewey A. Thackston  
Official Designation Minister of the Gospel  
Filed and recorded in accordance with the laws of the State of Indiana this 4th day of May, 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. 182  
File 4-27-83  
Date of Application

MALE  
Medical Examination Report Dated 4-25-83  
Name of Physician Kourany

FEMALE  
Medical Examination Report Dated 4-25-83  
Name of Physician Kourany

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

## MALE APPLICANT

Name Jack John Lane  
Date of Birth Feb 11 1934  
Place of Birth (State or foreign country) Indpls.  
Residence Address 11080 W. Wash. Indpls. Ind. Ind.  
Previous Marital Status: Never Married ☐ OR ☒  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) drivers lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Kenneth Lane  
Residence of father (if deceased so state) deceased  
Birthplace of father (State or foreign country) Seymour, Ind.  
9. Full maiden name of mother Thelma Louise Earl  
Residence of mother (if deceased so state) Martinaville  
Birthplace of mother (State or foreign country) Indpls.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jack Lane  
New Address 219 Krenson Pkwy.

Subscribed and sworn to before me this 27 day of April, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed in \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 2nd day of May, 1983, authorizing the joining together as husband and wife of Jack N. Lane and Rosemary M. Maker

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Sterling C. Prock hereby certify that on the 2nd day of May, 1983, at Clayton, County of Hendricks, State of Indiana

one thousand nine hundred and eighty-three at Hendricks County, State of Indiana  
and, Groom Jack N. Lane of Hendricks County, State of Indiana  
and, Bride Rosemary Maker of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 2nd day of May, 1983

Signed /s/Rev. Sterling Prock  
Official Designation Minister  
4th day of May, 1983  
Clerk

Signed Mary Jane Russell  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_

## FEMALE APPLICANT

Name Rosemary M. Maker  
Date of Birth Feb 26 1943  
Place of Birth (State or foreign country) Pikeville, Ky.  
Residence Address 219 Krenson Pkwy. Pikeville, Ky. Ind. Ind.  
Previous Marital Status: Never Married ☐ OR ☒  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) drivers lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Charles Hobart Newsome  
Residence of father (if deceased so state) deceased  
Birthplace of father (State or foreign country) Virginia  
9. Full maiden name of mother Vivian Bevins  
Residence of mother (if deceased so state) Pikeville, Ky.  
Birthplace of mother (State or foreign country) Pikeville, Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rosemary Maker  
New Address 219 Krenson Pkwy.

Subscribed and sworn to before me this 27 day of May, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 173  
File April 29, 1983  
Date of Application

MALE  
Medical Examination Report Dated 4-28-83  
Name of Physician Joseph C. Kellix M.D.

FEMALE  
Medical Examination Report Dated 4-18-83  
Name of Physician David A. Barbo 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 Harold Edwin Haskett III  
Date of Birth 9 12 1962  
Place of Birth (State or foreign country) Fla.  
Residence Address 5 Richfield Ln. Danville, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Harold E. Haskett Jr.  
Residence of father (if deceased so state) Danville, Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Florence Naomi Safford  
Residence of mother (if deceased so state) Danville, Ind.  
Birthplace of mother (State or foreign country) Florida

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Harold E. Haskett III

New Address 5 Richfield Ln. Danville Ind 46122

Subscribed and sworn to before me this 29 day of April, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
Clerk

FEMALE APPLICANT

Name Sandra Ann Woods  
Date of Birth 4 16 1963  
Place of Birth (State or foreign country) Ind.  
Residence Address 6706 Valley Forge Lane, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Vincent Woods II  
Residence of father (if deceased so state) Albuquerque, New Mexico  
Birthplace of father (State or foreign country) Florida  
9. Full maiden name of mother Susan Fiske Gravelle  
Residence of mother (if deceased so state) Ind.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Sandra A. Woods

New Address 6706 Valley Forge 5 Richfield Dr.

Subscribed and sworn to before me this 29 day of April, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed in \_\_\_\_\_ Court by written order issued \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ HENDRICKS Circuit Court of Indiana dated the 5th day of May, 1983, authorizing the joining together as husband and wife of Harold Edwin Haskett III and Sandra Ann Woods.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Phil Barrett hereby certify that on the 14th day of May, one thousand nine hundred and eighty-three at Indianapolis, County of Marion State of Indiana, Groom Harold Edwin Haskett III of Hendricks County, State of Indiana and, Bride Sandra Ann Woods 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 May, 1983.

Signed /s/Phil Barrett

Official Designation Pastor  
17th day of May, 1983

Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 184  
File  
Date of Application 4-29-83

MALE  
Medical Examination Report Dated 4-25-83  
Name of Physician David B. Haggard M.D.

FEMALE  
Medical Examination Report Dated 4-25-83  
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 Jeffrey Middle Lucas Last  
Date of Birth Month 7 Day 26 Year 1961  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address P.O. Box 252, Clayton, Ind. 46118  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☐ Yes ☐
  - Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
  - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Philip L. Lucas  
Residence of father (if deceased so state) Monrovia, Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Peggy A. Martin  
Residence of mother (if deceased so state) Monrovia, Ind.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Jeffrey Jay Lucas  
New Address P.O. Box 252 Clayton, Ind. 46118  
Subscribed and sworn to before me this 29th day of April, 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, Hendricks } ss:  
County of  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

FEMALE APPLICANT

Name First Pamela Middle Milhon Last  
Date of Birth Month 11 Day 30 Year 1956  
Place of Birth (State or foreign country) Morganfield, Kentucky  
Residence Address P.O. Box 252, Clayton, Ind. 46118  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) Abrensis License
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☐ Yes ☐
  - Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
  - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Carl Haines Hopper  
Residence of father (if deceased so state) Clayton, Ind.  
Birthplace of father (State or foreign country) Kentucky  
9. Full maiden name of mother Georgia Mae Powell  
Residence of mother (if deceased so state) Clayton, Ind.  
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Pamela J. Milhon  
New Address P.O. Box 252 Clayton Ind. 46118  
Subscribed and sworn to before me this 29th day of April, 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, Hendricks } ss:  
County of  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior #2 Court by written order issued 3-Day Waiver and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 29th day of April, 1983, authorizing the joining together as husband and wife of Jeffrey L. Lucas and Pamela J. Milhon. Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, John C. Mowrer hereby certify that on the 29th day of April, one thousand nine hundred and eighty-three at Danville, Hendricks County, State of Indiana, Groom Jeffrey L. Lucas of Hendricks County, State of Indiana, and, Bride Pamela J. Milhon 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 29th day of April, 1983

Signed /s/ John C. Mowrer  
Official Designation Judge, Hendricks Superior Court #2  
2nd day of May, 1983  
Signed Mary Jane Russell Clerk Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
HENDRICKS County

No. 185  
File 5-2-83  
Date of Application

**MALE**  
Medical Examination Report Dated 4-26-83  
Name of Physician Garnet Harris

**FEMALE**  
Medical Examination Report Dated 4-26-83  
Name of Physician Garnet Harris

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

**MALE APPLICANT**

Name David Kevin Coyle  
Date of Birth May 15 1960  
Place of Birth (State or foreign country) Jefferson County Ky  
Residence Address 306 N. 40th Louisville Jefferson Ky  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☒ Other (Specify) drivers lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.  
8. Full name of father James David Coyle  
Residence of father (if deceased so state) Louisville, Ky  
Birthplace of father (State or foreign country) Ky  
9. Full maiden name of mother Donna Del Lloyd  
Residence of mother (if deceased so state) Louisville, Ky  
Birthplace of mother (State or foreign country) Louisville  
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS

Signed Paul K. Coyle  
New Address 1004 Valley View Dr #2  
Subscribed and sworn to before me this 2 day of May, 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, HENDRICKS ss:  
County of HENDRICKS  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Justine Dick  
Date of Birth Nov 11 1958  
Place of Birth (State or foreign country) Marion County  
Residence Address 1004 Valley View Dr. Peled. Ind. In  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☒ Other (Specify) drivers lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.  
8. Full name of father Arvine Earl Dick  
Residence of father (if deceased so state) Peled.  
Birthplace of father (State or foreign country) Indpls  
9. Full maiden name of mother Barbara Jean Haley  
Residence of mother (if deceased so state) Peled  
Birthplace of mother (State or foreign country) Indpls  
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS

Signed Justine Dick  
New Address 1004 Valley View Dr Apt #2  
Subscribed and sworn to before me this 28 day of May, 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, HENDRICKS ss:  
County of HENDRICKS  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed in \_\_\_\_\_ Court by written order issued \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE** HENDRICKS Circuit Court  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 6th day of May, 1983, authorizing the joining together as husband and wife of David Kevin Coyle and Justine Dick  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Thomas E. Chittenden, Jr. hereby certify that on the 21st day of May,  
one thousand nine hundred and eighty-three at Plainfield County of Hendricks  
State of Indiana, Groom David Kevin Coyle of Hendricks County, State of Indiana  
and, Bride Justine Dick of Hendricks County, State of Indiana  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 21st day of May, 1983

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Signed /s/ Thomas E. Chittenden, Jr.  
Official Designation Minister  
24th day of May, 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

No. 186

File

May 2, 1983  
Date of Application

**MALE**  
Medical Examination Report Dated 4-26-83  
Name of Physician Glenn W. Baker

**FEMALE**  
Medical Examination Report Dated 4-26-83  
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 Donald James Cooper  
Date of Birth Nov 13 1943  
Place of Birth (State or foreign country) Lebanon, In.  
Residence Address Brownburg, In.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License #2306-446060

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.  
James David Cooper - 16 1/2

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒  
If answer is "yes", it is required that this Application be 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 James Cooper  
Residence of father (if deceased so state) Idaho Sp. Colo.  
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Nellie Bailey Wells  
Residence of mother (if deceased so state) Idaho Sp. Colo.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Donald J. Cooper

New Address Pittsburg, In.

Subscribed and sworn to before me this 2nd day of May, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_  
HENDRICKS County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_  
\_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_  
of Indiana dated the 6th day of May, 1983, authorizing the joining together as husband and wife  
Donald James Cooper and Patricia J. Winters

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Joanna Kay Schoettle, hereby certify that on the 14th day of May,  
one thousand nine hundred and eighty-three at Jamestown, County of Boone  
State of Indiana, Groom Donald James Cooper of Hendricks County, State of Indiana  
and, Bride Patricia Joyce Winters of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_  
County, \_\_\_\_\_  
Dated this 14th day of May, 1983

Signed /s/ Joanna Kay Schoettle  
Clerk-Treasurer, Jamestown, IN

Official Designation 17th day of May, 1983  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 187  
File 5-2-83  
Date of Application

MALE  
Medical Examination Report Dated 4-29-83  
Name of Physician Harris

FEMALE  
Medical Examination Report Dated 4-29-83  
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 David Louis Gaston  
Date of Birth 3 24 1960  
Place of Birth (State or foreign country) Greencastle Ind.  
Residence Address 1319 Rushmore Blvd. E. Indianapolis Marion Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☒ Other (Specify) Drivers License  
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐  
6. List the full names of any dependent children.  
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.  
8. Full name of father: Louis Edward Gaston  
Residence of father (if deceased so state): Coatesville Ind.  
Birthplace of father (State or foreign country): Illinois  
9. Full maiden name of mother: Roberta Ellen Anderson  
Residence of mother (if deceased so state): Coatesville Ind.  
Birthplace of mother (State or foreign country): Indiana  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed David Louis Gaston  
New Address 1319 Rushmore Blvd. E. Indianapolis, Ind.  
Subscribed and sworn to before me this 2 day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Kathleen Mari Dunn  
Date of Birth 5 18 1962  
Place of Birth (State or foreign country) Indianapolis Ind.  
Residence Address Rt 2 Box 313 Clayton 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: Wilbur Louis Dunn  
Residence of father (if deceased so state): Clayton Ind.  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Barbara Jean O'Haver  
Residence of mother (if deceased so state): Clayton, Ind.  
Birthplace of mother (State or foreign country): Indiana  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Kathleen M. Dunn  
New Address 1319 Rushmore Blvd. E.  
Subscribed and sworn to before me this 2 day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed in \_\_\_\_\_ Court by written order issued \_\_\_\_\_  
in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the \_\_\_\_\_ day of May, 1983, authorizing the joining together as husband and wife of David L. Gaston and Kathleen M. Dunn  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Stevan W. Ranson hereby certify that on the 7th day of May, 1983, at Clayton, County of Hendricks, State of Indiana, Groom David L. Gaston of Hendricks County, State of Indiana and, Bride Kathleen M. Dunn of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 7th day of May, 1983.  
Signed /s/ Stevan W. Ranson  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 17th day of May, 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. 188  
File 5-2-83  
Date of Application

MALE  
Medical Examination Report Dated 4-25-83  
Name of Physician Mandel

FEMALE  
Medical Examination Report Dated 4-25-83  
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 Arthur Middle L. Last Scaggs Jr.  
Date of Birth Month Sept Day 19 Year 1945  
Place of Birth (State or foreign country) Indpls Ind.  
Residence Address Street or R. R. 4410 1st Points Rd City Ind. County Ind. State Ind.

Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drums License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Arthur L. Scaggs Sr.

Residence of father (if deceased so state) -

Birthplace of father (State or foreign country) -

9. Full maiden name of mother Barbara Belkovich

Residence of mother (if deceased so state) Ind.

Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Arthur L. Scaggs Jr.

New Address

Subscribed and sworn to before me this 2 day of May, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name First Marsha Middle W. Last Dill  
Date of Birth Month July Day 13 Year 1951  
Place of Birth (State or foreign country) Ind.  
Residence Address Street or R. R. 4410 1st Points Rd City Ind. County Ind. State Ind.

Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drums License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Marvin Edward Abbott

Residence of father (if deceased so state) deceased

Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Anna Jo Dodson

Residence of mother (if deceased so state) 746 N. Somerset Indpls Ind.

Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Marsha W. Dill

New Address

Subscribed and sworn to before me this 2 day of May, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the  
HENDRICKS County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed  
in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 May, 1983, authorizing the joining together as husband and wife  
of Arthur L. Scaggs, Jr. and Marsha W. Dill

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Stephen Kerr hereby certify that on the 17th day of May, 1983, at Indianapolis County of Indiana

one thousand nine hundred and eighty-three at Hendricks County, State of Indiana

State of Indiana, Groom Arthur L. Scaggs, Jr. of Hendricks County, State of Indiana

and, Bride Marsha W. Dill of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 17th day of May, 1983. Signed /s/Stephen Kerr Minister

Official Designation 24th day of May, 1983 Clerk

Signed Mary Jane Russell HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
HENDRICKS County

No. 189  
File 5-2-83  
Date of Application

**MALE**  
Medical Examination Report Dated 4-21-83  
Name of Physician M.O. Scamhorn

**FEMALE**  
Medical Examination Report Dated 4-21-83  
Name of Physician M.O. Scamhorn

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

**MALE APPLICANT**

Name Terry L. Finchum  
Date of Birth July 20 1964  
Place of Birth (State or foreign country) Indianapolis Ind.  
Residence Address 162 North Indiana St. Danville Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) Driver License
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Jim Finchum  
Residence of father (if deceased so state) Texas  
Birthplace of father (State or foreign country) Ind.  
9. Full maiden name of mother Bonnie Boll  
Residence of mother (if deceased so state) Danville  
Birthplace of mother (State or foreign country) Danville Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Terry L. Finchum  
New Address 162 N. Ind.

Subscribed and sworn to before me this 2 day of May, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

**FEMALE APPLICANT**

Name Teresa A. Alexander  
Date of Birth March 11 1965  
Place of Birth (State or foreign country) Danville Indiana Hendricks  
Residence Address 162 North Indiana St. Danville Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) Driver License
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Tom Alexander  
Residence of father (if deceased so state) North Salem Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Donna Dale  
Residence of mother (if deceased so state) North Salem Ind.  
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Teresa Alexander  
New Address 162 N. Indiana

Subscribed and sworn to before me this 2 day of May, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed in \_\_\_\_\_ Court by written order issued \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the 6th day of May, 1983, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Raymond L. Rader hereby certify that on the 13th day of May

one thousand nine hundred and eighty-three at Lizton County of Hendricks

State of Indiana, Groom Terry L. Finchum of Hendricks County, State of Indiana

and, Bride Teresa A. Alexander of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 13th day of May, 1983

Signed /s/ Rev. Raymond L. Rader

Official Designation Pastor  
17th day of May, 1983

Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 190  
File 5-2-83  
Date of Application

MALE  
Medical Examination Report Dated 4-21-83  
Name of Physician Steenbergen

FEMALE  
Medical Examination Report Dated 4-21-83  
Name of Physician Steenbergen

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Patrick Kevin Shelley  
Date of Birth May 8 1957  
Place of Birth (State or foreign country) Indpls.  
Residence Address 85 N. Road 500 E. Danville Hend In

Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) Drivers license
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Shelley II  
Residence of father (if deceased so state) Danville  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Janet Marie Selch  
Residence of mother (if deceased so state) Danville  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Patrick K. Shelley  
New Address 85 N Rd 500 E  
Subscribed and sworn to before me this 2nd day of May 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, Hendricks } ss:

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 6th day of May 1983, authorizing the joining together as husband and wife Patrick Kevin Shelley and Cyndia Caye Havens

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 7th day of May  
I, Rev. Kenneth E. Veters hereby certify that on the 7th day of May  
one thousand nine hundred and eighty-three at Avon County of Hendricks  
State of Indiana, Groom Patrick Kevin Shelley of Hendricks County, State of Indiana  
and, Bride Cyndia Caye Havens of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 7th day of May 1983

Signed /s/Rev. Kenneth E. Veters  
Official Designation Pastor  
10th day of May 1983  
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_

FEMALE APPLICANT  
Name Cyndie Caye Havens  
Date of Birth July 18 1961  
Place of Birth (State or foreign country) Indpls.  
Residence Address 4334 E. Main St Danville Hend In

Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) Drivers license
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☐ Yes ☐
  - Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
  - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father John William Havens II  
Residence of father (if deceased so state) Danville  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Geraldine Ann Olson  
Residence of mother (if deceased so state) Danville  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Cyndie Caye Havens  
New Address 85 North Rd. 500 East  
Subscribed and sworn to before me this 2nd day of May 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, Hendricks } ss:

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
HENDRICKS County

No. 191  
File 54-83  
Date of Application

**MALE**  
Medical Examination Report Dated 4-22-83  
Name of Physician Roger

**FEMALE**  
Medical Examination Report Dated 4-22-83  
Name of Physician Roger

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

**MALE APPLICANT**  
Name David R. Plummer  
Date of Birth 11-21-1950  
Place of Birth (State or foreign country) Indpls Ind.  
Residence Address 10125 Otter Creek Indpls Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) Drivers License
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
  - If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☐ Yes ☐
  - Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
  - List the full names of any dependent children.  
David Michael Plummer  
Kim Marie Plummer

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
- Full name of father Jesse Frank Plummer  
Residence of father (if deceased so state) Indpls Ind.  
Birthplace of father (State or foreign country) Indiana
- Full maiden name of mother Lois Marie Lemeyer  
Residence of mother (if deceased so state) Indpls Ind.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed David R. Plummer

New Address 10125 OTTER CREEK

Subscribed and sworn to before me this 4 day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**  
Name Deborah A. Conover  
Date of Birth 11-17-1958  
Place of Birth (State or foreign country) Beech Grove Ind  
Residence Address 10125 Otter Creek Indpls Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) Drivers License
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☐ Yes ☐
  - Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
  - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

- Full name of father Samuel D. Conover  
Residence of father (if deceased so state) Indpls Ind.  
Birthplace of father (State or foreign country) Indiana
- Full maiden name of mother Ursula Emma Burke  
Residence of mother (if deceased so state) Indpls Ind.  
Birthplace of mother (State or foreign country) Germany

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Deborah A. Conover

New Address 10125 Otter Creek

Subscribed and sworn to before me this 4 day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed in \_\_\_\_\_ Court by written order issued \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE** HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 16th day of May, 1983, authorizing the joining together as husband and wife David R. Plummer and Deborah A. Conover.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, John C. Mowrer hereby certify that on the 16th day of May, one thousand nine hundred and eighty-three at Danville, County of Hendricks, State of Indiana, Groom David R. Plummer of Hendricks County, State of Indiana and, Bride Deborah A. Conover of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 16th day of May, 1983.

Signed /s/John C. Mowrer

Official Designation Judge 17th day of May, 1983.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 192  
File 44  
Date of Application 5-4-83

MALE  
Medical Examination Report Dated 5-3-83  
Name of Physician A. N. Scudder

FEMALE  
Medical Examination Report Dated 5-3-83  
Name of Physician A. N. Scudder

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

## MALE APPLICANT

Name Gregory E. Zollars  
Date of Birth 12 6 1955  
Place of Birth (State or foreign country) Delaware Ind.  
Residence Address 18 N. Jefferson Brownsburg Ind.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) Driver's license
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Edward Vaughn Zollars  
Residence of father (if deceased so state) Brownsburg, Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Joyce Bill  
Residence of mother (if deceased so state) Brownsburg Ind.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gregory E. Zollars  
New Address 18 N. Jefferson  
Subscribed and sworn to before me this 4 day of May, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name Belinda S. Young  
Date of Birth 12 30 1957  
Place of Birth (State or foreign country) Ind.  
Residence Address 18 N. Jefferson Brownsburg Ind.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) Driver's license
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Paul Lewis Lucas  
Residence of father (if deceased so state) South Haven, Miss.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Beatrice Joan Dewees  
Residence of mother (if deceased so state) Brownsburg, Ind.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Belinda S. Young  
New Address 18 N. Jefferson  
Subscribed and sworn to before me this 4 day of May, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 3 day waiver and filed in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 4th day of May, 1983, authorizing the joining together as husband and wife of Gregory E. Zollars and Belinda S. Young.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, John C. Mowrer, hereby certify that on the 7th day of May, 1983, at Brownsburg, County of Hendricks, State of Indiana, Groom Gregory E. Zollars of Hendricks County, State of Indiana, and, Bride Belinda S. Young of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.  
Dated this 7th day of May, 1983.

Signed /s/John C. Mowrer  
Judge

Official Designation \_\_\_\_\_, 1983  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
HENDRICKS County

No. 193  
File 5-5-83  
Date of Application

**MALE**  
Medical Examination Report Dated 4-29-83  
Name of Physician Black

**FEMALE**  
Medical Examination Report Dated 4-29-83  
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 Richard Lee Baumer  
Date of Birth 9 Month 27 Day 1946 Year  
Place of Birth (State or foreign country) Indpls Ind.  
Residence Address 24 Acre Lane Brownsburg Wend Ind.  
Previous Marital 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.  
Michelle Suzanne Baumer  
Michael Lee Baumer  
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Harry Baumer  
Residence of father (if deceased so state) Pittsboro Ind  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Florence Nequander  
Residence of mother (if deceased so state) Pittsboro Ind  
Birthplace of mother (State or foreign country) Indiana  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Richard L. Baumer  
New Address 24 Acre Lane Brownsburg 46112  
Subscribed and sworn to before me this 5 day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Deborah Jane Colli Renner  
Date of Birth 12 Month 7 Day 1950 Year  
Place of Birth (State or foreign country) Indpls Ind.  
Residence Address 518 Enderly Ave. B'burg Wend Ind.  
Previous Marital 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.  
Jennifer Elaine Renner  
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Duane Colli  
Residence of father (if deceased so state) South Bend, Ind.  
Birthplace of father (State or foreign country) New York  
9. Full maiden name of mother Jane Elizabeth Gosson  
Residence of mother (if deceased so state) South Bend, Ind.  
Birthplace of mother (State or foreign country) Indiana  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Deborah J. Renner  
New Address 24 Acre Lane Brownsburg 46112  
Subscribed and sworn to before me this 5 day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed in \_\_\_\_\_ Court by written order issued \_\_\_\_\_  
in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE** HENDRICKS Circuit Court  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 16 day of May, 1983, authorizing the joining together as husband and wife of Richard Lee Baumer and Deborah Jane Renner  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. John Thomas Sexton hereby certify that on the 21st day of May, one thousand nine hundred and eighty-three at Pittsboro, County of Hendricks  
State of Indiana, Groom Richard Lee Baumer of Hendricks County, State of Indiana  
and, Bride Deborah Jane Renner of Hendricks County, State of Indiana  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 21st day of June, 1983.

Signed /s/ John T. Sexton  
Official Designation Ordained Minister  
24th day of May, 1983  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 194  
File 5-5-83  
Date of Application

MALE  
Medical Examination Report Dated 4-7-83  
Name of Physician Haggard

FEMALE  
Medical Examination Report Dated 4-7-83  
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 Bryan David VanVlymen  
Date of Birth April 16 1969  
Place of Birth (State or foreign country) Illinois  
Residence Address 11315 W. Wash. #12 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) \_\_\_\_\_
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - List the full names of any dependent children. \_\_\_\_\_

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.  
8. Full name of father: Marvin Francis Van Vlymen  
Residence of father (if deceased so state): Deceased  
Birthplace of father (State or foreign country): Chicago  
9. Full maiden name of mother: Cathy Nadine Partain  
Residence of mother (if deceased so state): Deceased  
Birthplace of mother (State or foreign country): Indiana  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Bryan D VanVlymen  
New Address 560 Tucker Plainfield  
Subscribed and sworn to before me this 5 day of May 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court by written order issued 3 day waiver and filed in 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 \_\_\_\_\_, 1983, authorizing the joining together as husband and wife of Indiana dated the 5th day of May, 1983,  
Bryan David VanVlymen and Sharon Kay Vogel

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, John C. Mowrer hereby certify that on the 6th day of May, 1983,  
one thousand nine hundred and eighty-three at Danville County of Hendricks  
State of Indiana, Groom Bryan David VanVlymen of Hendricks County, State of Indiana  
and, Bride Sharon Kay Vogel of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 6th day of May, 1983

Signed /s/ John C. Mowrer  
Official Designation Judge \_\_\_\_\_, 1983  
9th day of May  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

*Re: Marriage*  
STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
HENDRICKS County

No. 195  
File 44  
Date of Application 5-5-83

MALE  
Medical Examination Report Dated 4-30-83  
Name of Physician Joseph Kerlin

FEMALE  
Medical Examination Report Dated 4-30-83  
Name of Physician Joseph Kerlin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

**MALE APPLICANT**

Name Andrew Ralph Carpenter  
Date of Birth 12 14 1956  
Place of Birth (State or foreign country) Indpls., Ind.  
Residence Address 9619 Melody Ln., Indpls., Hendricks, Ind.  
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.  
Justin Andrew Carpenter  
Craig Alan Carpenter

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Thomas Carpenter  
Residence of father (if deceased so state) deceased  
Birthplace of father (State or foreign country) Illinois

9. Full maiden name of mother Marjorie A. Holland  
Residence of mother (if deceased so state) Indpls., Ind.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Andrew Ralph Carpenter  
New Address 9619 Melody Ln.

Subscribed and sworn to before me this 5 day of May, 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, HENDRICKS } ss:  
County of HENDRICKS

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Diana Lynn Carpenter  
Date of Birth 3 1 1955  
Place of Birth (State or foreign country) Newport, Rhode Island  
Residence Address 9619 Melody Ln., Indpls., Hendricks, Ind.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.  
Justin Andrew Carpenter  
Craig Alan Carpenter

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 John Seib  
Residence of father (if deceased so state) Indpls., Ind.  
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Cecile Therese Desroches  
Residence of mother (if deceased so state) Indpls., Ind.  
Birthplace of mother (State or foreign country) Rhode Island

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Diana Lynn Carpenter  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 5 day of May, 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, HENDRICKS } ss:  
County of HENDRICKS

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the  
HENDRICKS County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed  
in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be 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 May, 1983, authorizing the joining together as husband and wife  
of Andrew Ralph Carpenter and Diana Lynn Carpenter

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Willard Nance hereby certify that on the 10th day of May

one thousand nine hundred and eighty-three at Indianapolis, County of Marion  
State of Indiana, Groom Andrew R. Carpenter of Hendricks County, State of Indiana  
and, Bride Diana L. Carpenter 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 May, 1983

Signed /s/Willard Nance

Official Designation Baptist Minister

13th day of May, 1983

Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 196

File 44

5-5-83  
Date of Application

MALE  
Medical Examination Report Dated 4-12-83  
Name of Physician David Haggard

FEMALE  
Medical Examination Report Dated 4-12-83  
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 Middle Last  
Dominic A. Welch  
Date of Birth Month Day Year  
Nov 14 1964  
Place of Birth (State or foreign country)  
Indpls. Ind.  
Residence Address Street or R. R. City County State  
649 Pike Ln. Plainfield, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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 Alan Welch  
Residence of father (if deceased so state) Plainfield, Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Nellie Edolphia Turner  
Residence of mother (if deceased so state) Plainfield, Ind.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Dominic A. Welch

New Address 649 Pike Lane Plainfield Ind

Subscribed and sworn to before me this 5 day of May 1983  
Mary Jane Russell HENDRICKS Circuit Court

## CONSENT OF PAR

We, the parents, of  
signs, state facts w

I, Linda Tyler, hereby give my consent for  
my daughter, Monica Lynne Tyler to  
marry Dominic A. Welch.

State of Indiana,  
County of

S

S

Subscribed and sworn

## COMPLETE IF

HENDRICKS

in. Allen

## FEMALE APPLICANT

Name First Middle Last  
Monica L. Tyler  
Date of Birth Month Day Year  
March 18 1967  
Place of Birth (State or foreign country)  
Indpls. Ind.  
Residence Address Street or R. R. City County State  
649 Pike Ln. Plainfield, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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 Tyler Sr.  
Residence of father (if deceased so state) Nineveh, Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Linda Carole Styczen  
Residence of mother (if deceased so state) Plainfield, Ind.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Monica L. Tyler

New Address 649 Pike Lane Plainfield

Subscribed and sworn to before me this 5 day of May 1983  
Mary Jane Russell HENDRICKS Circuit Court

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the  
of Indiana dated the 5 day of May 1983, authorizing the joining together as husband and wife  
Dominic A. Welch and Monica L. Tyler

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, William Delbert Lawson, hereby certify that on the 28th day of May  
one thousand nine hundred and eighty-three at Plainfield, County of Hendricks  
State of Indiana, Groom Dominic A. Welch, at Hendricks, County, State of Indiana  
and, Bride, Monica L. Tyler, of Hendricks, County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of  
County, Hendricks  
Dated this 28th day of May 1983.

Signed/s/Rev. William Delbert Lawson  
Minister

Official Designation 2nd day of June 1983  
Signed Mary Jane Russell HENDRICKS Clerk  
Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
HENDRICKS County

No. 197  
File 5-6-83  
Date of Application

**MALE**  
Medical Examination Report Dated 4-28-83  
Name of Physician Barkman

**FEMALE**  
Medical Examination Report Dated 4-28-83  
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 Brian Keith Folmer  
Date of Birth Sept 1 1959  
Place of Birth (State or foreign country) Long Beach, CA  
Residence Address P.O. Box 1048 Aztec San Juan N.M.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☒  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☒  
2. Are you afflicted with a transmissible disease? No ☐ Yes ☒  
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☒  
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☒  
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☒  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Roy Folmer  
Residence of father (if deceased so state) Aztec, N.M.  
Birthplace of father (State or foreign country) Oklahoma  
9. Full maiden name of mother Ruth Lucille Potter  
Residence of mother (if deceased so state) deceased  
Birthplace of mother (State or foreign country) Oklahoma

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Brian K. Folmer  
New Address 512 Orchard #4-Aztec, N.M. 87410  
Subscribed and sworn to before me this 10 day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Sara Aileve Graper  
Date of Birth 12 28 1962  
Place of Birth (State or foreign country) Geneva Switzerland  
Residence Address 2 Mars Manor Danville Ind  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.  
8. Full name of father Robert Baltzell Graper  
Residence of father (if deceased so state) Danville Ind.  
Birthplace of father (State or foreign country) Princeton, Ind.  
9. Full maiden name of mother Sandra Gaines  
Residence of mother (if deceased so state) Danville Ind.  
Birthplace of mother (State or foreign country) Crofton Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Sara A. Graper  
New Address P.O. Box 1048 Aztec, NM 87410  
Subscribed and sworn to before me this 10 day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ HENDRICKS Circuit Court of Indiana dated the 10 day of May, 1983, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
1. Thomas Pamo, Jr.

one thousand nine hundred and eighty-three hereby certify that on the 14th day of May,  
at Indianapolis, County of Marion,  
State of Indiana, Groom Brian Keith Folmer of San Juan County, State of New Mexico  
and, Bride Sara Aileve Graper 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 May, 1983.

Signed /s/Thomas Pamo, Jr. Minister  
Official Designation \_\_\_\_\_  
Filed and recorded in accordance with the laws of the State of Indiana this 17th day of May, 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. 198

File 5-6-83

Date of Application

**MALE**  
Medical Examination Report Dated 5-3-83  
Name of Physician R.W. Rittley

**FEMALE**  
Medical Examination Report Dated 5-3-83  
Name of Physician R.W. Rittley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

**MALE APPLICANT**

Name Charles Wayne Carpenter  
Date of Birth March 9 1950  
Place of Birth (State or foreign country) Wynne Ark.  
Residence Address 6128 Ridgewood Memphis Shelby Tn  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Cecil Wayne Carpenter  
Residence of father (if deceased so state) deceased  
Birthplace of father (State or foreign country) Miss.  
9. Full maiden name of mother Lillian Sanderson  
Residence of mother (if deceased so state) Miss.  
Birthplace of mother (State or foreign country) Miss.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed

New Address 6128 Ridgewood Memphis Tn

Subscribed and sworn to before me this 6 day of May, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the  
HENDRICKS County Superior #1 Court by written order issued this day January and filed  
in Charles Wayne Carpenter authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_  
of Indiana dated the 6th day of May, 1983, authorizing the joining together as husband and wife  
Charles Wayne Carpenter and Janey Rae Nigh

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Jerry R. Nash hereby certify that on the 4th day of June, 1983, County of Hendricks  
one thousand nine hundred and eighty-three at Brownsburg County, State of Tennessee  
State of Indiana, Groom Charles Wayne Carpenter of Shelby County, State of Tennessee  
and, Bride Janey Rae Nigh of Shelby County, State of HENDRICKS

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_  
County.  
Dated this 4th day of June, 1983

Signed /s/Jerry R. Nash  
Pastor

Official Designation 6th day of June, 1983  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 199  
File May-6-83  
Date of Application

MALE  
Medical Examination Report Dated 4-30-83  
Name of Physician Haggard

FEMALE  
Medical Examination Report Dated 4-30-83  
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 Stephen Burt Pittman  
Date of Birth June 14 1956  
Place of Birth (State or foreign country) Ind  
Residence Address 135 North Vine St. Hendricks Ind  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Druid License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Woodrow William Pittman  
Residence of father (if deceased so state) Ind

Birthplace of father (State or foreign country) Ind

9. Full maiden name of mother Mary Jane Dice  
Residence of mother (if deceased so state) Ind

Birthplace of mother (State or foreign country) Ind

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Stephen Pittman

New Address

Subscribed and sworn to before me this 6 day of May, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed in \_\_\_\_\_ Court by written order issued \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the 11th day of May, 1983, authorizing the joining together as husband and wife of Stephen Burt Pittman and Cheryl Ann Ebbing

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Loring B. Prosser hereby certify that on the 14th day of May, one thousand nine hundred and eighty-three at Clayton Hendricks, County of Hendricks, State of Indiana, Groom Stephen Burt Pittman of Hendricks County, State of Indiana and, Bride Cheryl Ann Ebbing of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 14th day of May, 1983.

Signed /s/Rev. Loring B. Prosser  
Official Designation Unitarian Universalist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of May, 1983

Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Cheryl Ann Ebbing  
Date of Birth Nov 11 1962  
Place of Birth (State or foreign country) Cleveland Ohio  
Residence Address 135 North Vine St. Hendricks Ind  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Druid License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father David Joseph Ebbing  
Residence of father (if deceased so state) deceased

Birthplace of father (State or foreign country) Ind

9. Full maiden name of mother Virginia Carol Carneal  
Residence of mother (if deceased so state) Ind

Birthplace of mother (State or foreign country) Ind

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Cheryl A. Ebbing

New Address

Subscribed and sworn to before me this 6 day of May, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_, Clerk



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 200  
File 5-6-83  
Date of Application

MALE  
Medical Examination Report Dated 4-30-83  
Name of Physician Heavin

FEMALE  
Medical Examination Report Dated 4-30-83  
Name of Physician 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 Glenn McCamack  
Date of Birth June 10 1933  
Place of Birth (State or foreign country) Putnam Co.  
Residence Address P.R. 5 Box 153 Greencastle Putnam IN  
Previous Marital Status: Never Married ☐ OR ☒  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

Other (Specify) drivers lic

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Harold McCamack  
Residence of father (if deceased so state) Greencastle  
Birthplace of father (State or foreign country) Putnam County  
9. Full maiden name of mother Seraldine Walton  
Residence of mother (if deceased so state) deceased  
Birthplace of mother (State or foreign country) Ind. Co.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Glenn McCamack  
New Address P.R. #5 Box 153 Greencastle IN 46135

Subscribed and sworn to before me this 6 day of May, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name Mary Lou White  
Date of Birth Aug. 8 1939  
Place of Birth (State or foreign country) Putnam County  
Residence Address 2315 Second St. Putnam IN  
Previous Marital Status: Never Married ☐ OR ☒  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

Other (Specify) drivers lic

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father W. B. Pearson  
Residence of father (if deceased so state) Bloomingsdale, IN  
Birthplace of father (State or foreign country) Putnam Co.  
9. Full maiden name of mother Martha Helen Garrard  
Residence of mother (if deceased so state) Bloomingsdale, IN  
Birthplace of mother (State or foreign country) Putnam Co.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Mary Lou White  
New Address 2315 2nd St. Plainfield IN 46168

Subscribed and sworn to before me this 6 day of May, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed \_\_\_\_\_  
HENDRICKS County Court by written order issued \_\_\_\_\_  
in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 13 day of May, 1983, authorizing the joining together as husband and wife of GLENN McCAMACK and MARY LOU WHITE.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, DAVID CLARK hereby certify that on the 26 day of MAY,  
one thousand nine hundred and EIGHTY THREE at GREENCASTLE County of PUTNAM  
State of Indiana, Groom GLENN McCAMACK of PUTNAM County, State of INDIANA  
and, Bride MARY LOU WHITE of HENDRICKS County, State of INDIANA  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_  
County.

Dated this 26 day of May, 1983. Signed /s/ David Clark,  
Official Designation MINISTER June 14, 1983  
Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of June, 1983.  
Signed Mary Jane Russell HENDRICKS Circuit Court



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
HENDRICKS County

No. 201  
File 5-6-83  
Date of Application

**MALE**  
Medical Examination Report Dated 5-4-83  
Name of Physician Heavin

**FEMALE**  
Medical Examination Report Dated 5-4-83  
Name of Physician 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 Robert Brian Shuler  
Date of Birth April 30 1961  
Place of Birth Greencastle, Ind.  
Residence Address P.O. Box 31 Stilesville Hendricks Ind.  
Previous Marital 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: Paul Robert Shuler  
Residence of father (if deceased so state) Mooresville  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother: Doris Jeanine Garham  
Residence of mother (if deceased so state) Indpls  
Birthplace of mother (State or foreign country) Stilesville  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed R. Brian Shuler  
New Address Stilesville Box 31  
Subscribed and sworn to before me this 6 day of May, 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, HENDRICKS } ss:  
County of HENDRICKS  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior #2 Court by written order issued three 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 6 day of May, 1983 authorizing the joining together as husband and wife of Robert Brian Shuler and Catherine B. Gardner  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Larry Heskett hereby certify that on the 7th day of May, one thousand nine hundred and eighty-three at Stilesville, County of Hendricks, State of Indiana, Groom Robert Brian Shuler of Hendricks County, State of Indiana and, Bride Catherine B. Gardner of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.  
Dated this 7th day of May, 1983.

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of May, 1983.

**FEMALE APPLICANT**

Name Catherine B. Gardner  
Date of Birth March 6 1960  
Place of Birth Indpls.  
Residence Address Box 64 Stilesville Hendricks Ind.  
Previous Marital 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.  
Vanessa Ann 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: Ray Kenneth Gardner  
Residence of father (if deceased so state) Paragon  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother: Betty Jean McKinney  
Residence of mother (if deceased so state) Paragon  
Birthplace of mother (State or foreign country) Indiana  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Catherine B. Gardner  
New Address Stilesville Box 64  
Subscribed and sworn to before me this 6 day of May, 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, HENDRICKS } ss:  
County of HENDRICKS  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

Signed /s/ Larry Heskett  
Official Designation Reverend  
13th day of May, 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. 202  
File \_\_\_\_\_  
Date of Application 5-6-83

**MALE**  
Medical Examination Report Dated 4-15-83  
Name of Physician Kourany

**FEMALE**  
Medical Examination Report Dated 4-15-83  
Name of Physician Kourany

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

**MALE APPLICANT**

Name Randy A. Lindley  
Date of Birth 12 19 1954  
Place of Birth (State or foreign country) Salem Ind.  
Residence Address 11225 W. Washington St. Ind. Hendricks Ind.  
Previous Marital Status: Never Married ☐ OR ☒  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Lindley  
Residence of father (if deceased so state) Moreauville Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Carolyn Elliott  
Residence of mother (if deceased so state) Moreauville Ind.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Randy Lindley  
New Address 11225 W. Washington St. #12  
Subscribed and sworn to before me this 6 day of May, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Kelly M. Hunt  
Date of Birth 7 14 1959  
Place of Birth (State or foreign country) Honolulu Hawaii  
Residence Address 221 Box 89 Coatsville Ind.  
Previous Marital Status: Never Married ☐ OR ☒  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Raymond Hunt  
Residence of father (if deceased so state) Coatsville Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Carol Hanes  
Residence of mother (if deceased so state) Coatsville Ind.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kelly Hunt  
New Address 11225 W. Washington St. #12  
Subscribed and sworn to before me this 6 day of May, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed in \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ HENDRICKS Circuit Court of Indiana dated the 10 day of May, 1983, authorizing the joining together as husband and wife of Randy Allen Lindley and Kelly Marie Hunt.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, C. Howard Lindley hereby certify that on the 4th day of June, 1983, at Danville County of Hendricks one thousand nine hundred and eighty-three at Hendricks County, State of Indiana State of Indiana, Groom Randy Allen Lindley of Hendricks County, State of Indiana and, Bride Kelly Marie Hunt of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 4th day of June, 1983  
Signed /s/ C. Howard Lindley  
Official Designation Minister Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of June, 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. 203  
File \_\_\_\_\_  
Date of Application 5-9-83

MALE  
Medical Examination Report Dated 4-14-83  
Name of Physician Eric Clark

FEMALE  
Medical Examination Report Dated 4-14-83  
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 Gregory Andrew Kesel  
Date of Birth 6 Month 30 Day 1956 Year  
Place of Birth (State or foreign country) Indiana  
Residence Address 10904 Brunswick Dr., Indianapolis, In.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) Arrested for Rape
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Stanley Michael Kesel  
Residence of father (if deceased so state) Habitat, Indiana  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Jeanette Neipolaj  
Residence of mother (if deceased so state) Robert, In.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Gregory Andrew Kesel  
New Address 10904 Brunswick Dr. Indianapolis  
Subscribed and sworn to before me this 9th day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Jo Elizabeth Eubank  
Date of Birth 2 Month 23 Day 1960 Year  
Place of Birth (State or foreign country) Kentucky  
Residence Address 714 Broadway, Mt. Pleasant, Ia 52641  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) Arrested for Rape
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Joe Eubank  
Residence of father (if deceased so state) Franklin, Kentucky  
Birthplace of father (State or foreign country) Kentucky  
9. Full maiden name of mother Gertrude Wilson  
Residence of mother (if deceased so state) Samuel, Kentucky  
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Jo Elizabeth Eubank  
New Address 10904 Brunswick Dr. Indianapolis  
Subscribed and sworn to before me this 9th day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE** HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 13th day of May, 1983, authorizing the joining together as husband and wife of Gregory Andrew Kesel and Jo E. Eubank.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, L. Ray Wynn hereby certify that on the 14th day of May,  
one thousand nine hundred and eighty-three at Indianapolis, County of Marion  
State of Indiana, Groom Gregory Andrew Kesel of Hendricks County, State of Indiana  
and, Bride Jo Elizabeth Eubank of Henry County, State of Iowa  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 14th day of May, 1983.

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Signed /s/ L. Ray Wynn  
Official Designation Minister  
Subscribed and sworn to before me this 17th day of May, 1983  
Mary Jane Russell Clerk HENDRICKS Circuit Court



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 204

File

5-9-83

Date of Application

MALE

Medical Examination Report Dated

5-3-83

Name of Physician

Jackson

FEMALE

Medical Examination Report Dated

5-5-83

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 Michael Bryan Barnhart  
Date of Birth 4 24 1959  
Place of Birth (State or foreign country) Indianapolis Ind.  
Residence Address 421 Murphy Ln. Burg Hend. Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Donald J. Barnhart  
Residence of father (if deceased so state): DeKalb, Illinois  
Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Judith A. Ritter  
Residence of mother (if deceased so state): Indpls Ind.  
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed: Michael B. BarnhartNew Address: SAME

Subscribed and sworn to before me this 9 day of May, 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, HENDRICKS } ss:  
County of

Signed: \_\_\_\_\_ Father

Signed: \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed in \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 13 day of May, 1983, authorizing the joining together as husband and wife of Michael Bryan Barnhart and Susan Linn Zimmerman

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Ted D. Stiphenson hereby certify that on the 28th day of May, 1983, at Indianapolis, County of Marion

one thousand nine hundred and eighty-three at Indianapolis, County of Indiana

State of Indiana, Groom Michael Bryan Barnhart of Hendricks County, State of Indiana

and, Bride Susan Linn Zimmerman of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 28th day of May, 1983

Signed s/Ted. D. Stiphenson  
Official Designation Ordained Minister

1st day of June, 1983  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
HENDRICKS County

No. 205  
File \_\_\_\_\_  
Date of Application May 9, 1983

**MALE**  
Medical Examination Report Dated 5-13-83  
Name of Physician Easter

**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 Hardy Prine  
Date of Birth 9 1958  
Place of Birth (State or foreign country) Hammond Ind.  
Residence Address P.O. Box 27 Dept. Nord. Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☒ Other (Specify) S.D. w/picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Coland George Prine  
Residence of father (if deceased so state) Hammond Ind.  
Birthplace of father (State or foreign country) Wisconsin  
9. Full maiden name of mother Cora Regina Trevor  
Residence of mother (if deceased so state) Hammond Ind.  
Birthplace of mother (State or foreign country) Minnesota

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Randy Prine  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 1 day of June, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Nancy King  
Date of Birth Aug 16 1954  
Place of Birth (State or foreign country) Minn.  
Residence Address 1050 - 169th St. Hammond, Ind.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Joseph Ferrari  
Residence of father (if deceased so state) deceased  
Birthplace of father (State or foreign country) Minn.  
9. Full maiden name of mother Jean Kangas  
Residence of mother (if deceased so state) deceased  
Birthplace of mother (State or foreign country) Minn.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Nancy J. King  
New Address 1050 169th St Hammond Ind.

Subscribed and sworn to before me this 9 day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed in \_\_\_\_\_ 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 June, 1983, authorizing the joining together as husband and wife of RANDALL L. PRINE and NANCY J. KING

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, STEPHEN J. MALOSKY hereby certify that on the 12 day of June, one thousand nine hundred and EIGHTY THREE at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom RANDALL L. PRINE of HENDRICKS, County, State of INDIANA and, Bride NANCY J. KING of LAKE, County, State of INDIANA were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 12 day of June, 1983.

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of June, 1983

Signed Stephen J. Malosky  
Official Designation Episcopal Priest  
Signed Mary Jane Russell  
HENDRICKS Circuit Court



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 206  
File  
5-7-83  
Date of Application

MALE  
Medical Examination Report Dated 5-7-83  
Name of Physician David B. Haggard, M.D.

FEMALE  
Medical Examination Report Dated 5-7-83  
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 John Middle O. Last Johnson, Jr.  
Date of Birth Month 4 Day 5 Year 1929  
Place of Birth (State or foreign country) Pike County, Indiana  
Residence Address 127 North West St., Plainfield, Ind. 46168  
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

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father John O. Johnson, Sr.

Residence of father (if deceased so state) deceased

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Bertha Adella Purl

Residence of mother (if deceased so state) deceased

Birthplace of mother (State or foreign country) Missouri

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed John O. Johnson, Jr.  
New Address 127 North West St., Plainfield Ind.

Subscribed and sworn to before me this 9th day of May, 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, Hendricks } ss:  
County of Hendricks

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

## FEMALE APPLICANT

Name First Joanne Middle E. Last Plock  
Date of Birth Month 2 Day 6 Year 1936  
Place of Birth (State or foreign country) Pike County, Indiana  
Residence Address 127 North West St., Plainfield, Ind. 46168  
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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Carl Morley

Residence of father (if deceased so state) deceased

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Cora Elsie Miller

Residence of mother (if deceased so state) deceased

Birthplace of mother (State or foreign country) Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Joanne E. Plock  
New Address 127 North West St., Plainfield Ind.

Subscribed and sworn to before me this 9th day of May, 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, Hendricks } ss:  
County of Hendricks

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Court by written order issued

in authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Hendricks Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 13th day of May, 1983, authorizing the joining together as husband and wife

John O. Johnson, Jr. and Joanne E. Plock

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 21st day of May

one thousand nine hundred and eighty-three at Plainfield Hendricks County, State of Indiana

State of Indiana, Groom John O. Johnson, Jr. of Hendricks County, State of Indiana

and, Bride Joanne E. Plock of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 21st day of May, 1983

Signed /s/Rev. John L. Crose  
Ordained Minister

Official Designation 25th day of May, 1983 Clerk

Signed Mary Jane Russell Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 207  
File 59-83  
Date of Application

MALE  
Medical Examination Report Dated 5-6-83  
Name of Physician Steenbergh

FEMALE  
Medical Examination Report Dated 5-6-83  
Name of Physician Steenbergh

ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Timothy G. Elliott  
Date of Birth Month 2 Day 21 Year 1958  
Place of Birth (State or foreign country) Evansville Ind.  
Residence Address RR #1 Box 1644 Ligon Hend. Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Robert Louis Elliott  
Residence of father (if deceased so state): Pittsboro, In.  
Birthplace of father (State or foreign country): Evansville Ind.  
9. Full maiden name of mother: Cordelia Jean Glenn  
Residence of mother (if deceased so state): Pittsboro Ind.  
Birthplace of mother (State or foreign country): Elliott, W. Va.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Timothy G. Elliott  
New Address: RR #1 Box 1644 A Ligon

Subscribed and sworn to before me this 9 day of May, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_, Clerk

FEMALE APPLICANT

Name Sheila A. Rawlings  
Date of Birth Month 2 Day 9 Year 1961  
Place of Birth (State or foreign country) Lebanon Ind.  
Residence Address RR #1 Box 1 Ligon Hend. Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Warren Gordon Rawlings  
Residence of father (if deceased so state): Ligon Ind.  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Mildred Elizabeth Lynn  
Residence of mother (if deceased so state): Ligon Ind.  
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Sheila A. Rawlings

New Address: \_\_\_\_\_

Subscribed and sworn to before me this 9 day of May, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 17th day of May, 1983, authorizing the joining together as husband and wife Timothy G. Elliott and Sheila A. Rawlings  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. John M. Hall hereby certify that on the 4th day of June one thousand nine hundred and eighty-three at Brownsburg Hendricks State of Indiana, Groom Timothy G. Elliott of Hendricks County, State of Indiana and, Bride Sheila A. Rawlings of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 4th day of June, 1983.

Signed /s/ Rev. John M. Hall

Official Designation Catholic Priest  
8th day of June, 1983

Signed Mary Jane Russell  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 208  
File  
Date of Application 5-10-83

MALE  
Medical Examination Report Dated 5-5-83  
Name of Physician Haggard

FEMALE  
Medical Examination Report Dated 5-5-83  
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 Jimmie L. Watson  
Date of Birth Aug 28 1934  
Place of Birth (State or foreign country) Boone County  
Residence Address 605 Simmons Pied Henk In  
Previous Marital 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.  
Renee Watson

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Jester Charles Watson  
Residence of father (if deceased so state) deceased  
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Velma A. Bramlett  
Residence of mother (if deceased so state) Jaytte, In  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS

Signed Jimmie L. Watson  
New Address 605 Simmons St

Subscribed and sworn to before me this 10 day of May, 1983  
Mary Jane Russell Clerk HENDRICKS Circuit Court

**FEMALE APPLICANT**

Name Donna Kaye Stagner  
Date of Birth Sept 30 1942  
Place of Birth (State or foreign country) Prion, Oklahoma  
Residence Address 605 Simmons Pied Henk In  
Previous Marital 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 Fredrick C. Damm  
Residence of father (if deceased so state) deceased  
Birthplace of father (State or foreign country) Evansville, In

9. Full maiden name of mother Emma C. Troner  
Residence of mother (if deceased so state) Jeffersonville, In  
Birthplace of mother (State or foreign country) Evansville, In

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS

Signed Donna Kaye Stagner  
New Address 605 Simmons St

Subscribed and sworn to before me this 10 day of May, 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, HENDRICKS } ss:  
County of HENDRICKS

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:  
County of HENDRICKS

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed in \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE** HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 16 day of May, 1983, authorizing the joining together as husband and wife Jimmie L. Watson and Donna Kaye Stagner

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jerry R. Nash hereby certify that on the 21st day of May Hendricks County, State of Indiana  
one thousand nine hundred and eighty-three at Brownsburg County, State of Indiana  
State of Indiana, Groom Jimmie L. Watson of Marion County, State of Indiana  
and, Bride Donna Kaye Stagner of Hendricks County, State of HENDRICKS

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 21st day of May, 1983  
Signed s/Jerry R. Nash  
Official Designation Pastor  
Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of May, 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. 209  
File 5-10-83  
Date of Application

**MALE**  
Medical Examination Report Dated 5-4-83  
Name of Physician John Moe

**FEMALE**  
Medical Examination Report Dated 5-4-83  
Name of Physician John Moe

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

**MALE APPLICANT**

Name Walter Simon Wiseman, Jr.  
Date of Birth June 12 1945  
Place of Birth (State or foreign country) Indpls.  
Residence Address 1709 Beech Circle Peelfd Ind  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐  
6. List the full names of any dependent children.

Lance Leah  
Mark  
Brian

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Simon Wiseman  
Residence of father (if deceased so state) deceased  
Birthplace of father (State or foreign country) Indpls.

9. Full maiden name of mother Betty Ruth White  
Residence of mother (if deceased so state) Peelfd  
Birthplace of mother (State or foreign country) Indpls.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Walter Simon Wiseman  
New Address 1709 Beech Circle Peelfd

Subscribed and sworn to before me this 10 day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Susan Lynne Lucas  
Date of Birth May 30 1953  
Place of Birth (State or foreign country) Indpls.  
Residence Address 1709 Beech Dr. Peelfd Ind  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Edwin Gene Lucas  
Residence of father (if deceased so state) B'burg  
Birthplace of father (State or foreign country) Richmond, In

9. Full maiden name of mother Carol Anne Stephenson  
Residence of mother (if deceased so state) Center Point, In  
Birthplace of mother (State or foreign country) Indpls.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Susan Lucas  
New Address 1709 Beech Circle Peelfd

Subscribed and sworn to before me this 10 day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed in \_\_\_\_\_ Court by written order issued \_\_\_\_\_  
\_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE** HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 16th day of May, 1983, authorizing the joining together as husband and wife Walter Simon Wiseman, Jr. and Susan Lynne Lucas

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jerry R. Nash hereby certify that on the 22nd day of May, 1983, at \_\_\_\_\_, County of Hendricks, State of Indiana

one thousand nine hundred and eighty-three at Brownsburg, County of Hendricks, State of Indiana

State of Indiana, Groom Walter Simon Wiseman, Jr. of Hendricks County, State of Indiana

and, Bride Susan Lynne Lucas of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 22nd day of May, 1983

Signed /s/ Jerry R. Nash  
Pastor

Official Designation \_\_\_\_\_  
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 24th day of May, 1983



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 210

File

5-10-83  
Date of Application

## MALE

Medical Examination Report Dated 5-10-83

Name of Physician Neely

## FEMALE

Medical Examination Report Dated 5-10-83

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 pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

## MALE APPLICANT

Name David Michael Mattox  
Date of Birth May 7 1961  
Place of Birth (State or foreign country) Portsmouth, Virginia  
Residence Address St. Paul Bible College Bible College Carter M.D.  
Previous Marital Status: Never Married ☐ OR ☐  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) drivers lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Larry Lane Mattox  
Residence of father (if deceased so state) Griffin, Georgia  
Birthplace of father (State or foreign country) Idaho, In

9. Full maiden name of mother Helen Deanna Daugherty  
Residence of mother (if deceased so state) Griffin, Georgia  
Birthplace of mother (State or foreign country) Beaford, In

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed David M. MattoxNew Address St. Boni, MinnesotaSubscribed and sworn to before me this 10 day of May, 1983Clerk Mary Jane Russell HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

## FEMALE APPLICANT

Name Cynthia Lynn Runyan  
Date of Birth Sept 29 1960  
Place of Birth (State or foreign country) Indpls  
Residence Address 252 N. Wash.  
Previous Marital Status: Never Married ☐ OR ☐  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) drivers lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Duane E. Elford Runyan  
Residence of father (if deceased so state) Danville  
Birthplace of father (State or foreign country) Thymersa, In

9. Full maiden name of mother Myrtle Innabelle Enstrom  
Residence of mother (if deceased so state) Danville  
Birthplace of mother (State or foreign country) Thymersa, In

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Cynthia RunyanNew Address St. Boni, MinnSubscribed and sworn to before me this 10 day of May, 1983Clerk Mary Jane Russell HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior #2 Court by written order issued 3 day waiver and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_, 1983, authorizing the joining together as husband and wife of Indiana dated the 10 day of May.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Dr. Larry L. Mattox, hereby certify that on the 14th day of May, 1983, at Danville, County of Hendricks, State of Georgia.

one thousand nine hundred and eighty-three, at Spalding, County, State of Indiana.

State of Indiana, Groom David Michael Mattox, of Hendricks, County, State of HENDRICKS.

and, Bride Cynthia Lynn Runyan, of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 14th day of May, 1983.

Signed /s/ Dr. Larry L. Mattox

Pastor,

Official Designation \_\_\_\_\_, 198317th day of MaySigned Mary Jane Russell HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1983.



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
HENDRICKS County

No. 211  
File 5-10-83  
Date of Application

**MALE**  
Medical Examination Report Dated 4-25-83  
Name of Physician Walker

**FEMALE**  
Medical Examination Report Dated 5-6-83  
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 Brian Lee Owens  
Date of Birth July 7 1960  
Place of Birth (State or foreign country) Indpls  
Residence Address 409 Weston B'burg Ind  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Lee Owens  
Residence of father (if deceased so state): B'burg Ind  
Birthplace of father (State or foreign country): B'burg Ind

9. Full maiden name of mother: Dorothy Darlene Dale  
Residence of mother (if deceased so state): B'burg Ind  
Birthplace of mother (State or foreign country): Ind

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Brian R. Owens  
New Address: 409 Weston B'burg Ind

Subscribed and sworn to before me this 10 day of May, 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, HENDRICKS } ss:  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, \_\_\_\_\_ Clerk

**FEMALE APPLICANT**

Name Dena Kay Evans  
Date of Birth October 4 1958  
Place of Birth (State or foreign country) Indpls Ind  
Residence Address 409 Weston B'burg Ind  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Walter Van Evans  
Residence of father (if deceased so state): deceased  
Birthplace of father (State or foreign country): New York

9. Full maiden name of mother: Dorothy King  
Residence of mother (if deceased so state): Greenwood Ind  
Birthplace of mother (State or foreign country): Ind

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Dena K. Evans  
New Address: 409 Weston B'burg Ind

Subscribed and sworn to before me this 10 day of May, 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, HENDRICKS } ss:  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, \_\_\_\_\_ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ HENDRICKS Circuit Court of Indiana dated the 14th day of May, 1983, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, F. William Barger hereby certify that on the 20th day of May, one thousand nine hundred and eighty-three at Indianapolis, County of Marion

State of Indiana, Groom Brian Lee Owens of Hendricks County, State of Indiana

and, Bride Dena Kay Evans 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 May, 1983

Signed /s/ F. William Barger Official Designation Clergyman  
24th day of May, 1983  
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 212

File

5-11-83  
Date of Application

MALE

Medical Examination Report Dated

5-9-83

Name of Physician

McMannis

FEMALE

Medical Examination Report Dated

5-9-83

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 Brent Wayne Adamson  
Date of Birth 10 16 1960  
Place of Birth (State or foreign country) Ind.  
Residence Address 1615 Rd. 4502 Danville Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Billy Gordon Adamson

Residence of father (if deceased so state): Deceased

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Shirley Lee Stephenson

Residence of mother (if deceased so state): Danville Ind.

Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Brent Wayne Adamson

New Address 7823 Luna Lane

Subscribed and sworn to before me this 11 day of May, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 16 day of May, 1983 authorizing the joining together as husband and wife Brent Wayne Adamson and Debra Jean Heady

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

1. Odus R. Cummings hereby certify that on the 28th day of May, \_\_\_\_\_, County of Hendricks, State of Indiana

one thousand nine hundred and eighty-three at Avon of Hendricks County, State of Indiana

State of Indiana, Groom Brent Wayne Adamson of Hendricks County, State of Indiana

and, Bride Debra Jean Heady of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 28th day of May, 1983

Signed /s/Odus R. Cummings  
Ordained Baptist Minister

Official Designation June, 1983  
1st day of \_\_\_\_\_

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

No. 213  
File 5-11-83  
Date of Application

**MALE**  
Medical Examination Report Dated 5-5-83  
Name of Physician Neely

**FEMALE**  
Medical Examination Report Dated 5-5-83  
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 pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

**MALE APPLICANT**

Name Charles C. Burdine  
Date of Birth April 7 1946  
Place of Birth (State or foreign country) Somerset, Ky  
Residence Address 260 Harrison St. D'Ville Ind  
Previous Marital 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.  
Kevin, Charles, Richard, Todd, Melissa

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Chester Burdine  
Residence of father (if deceased so state) deceased  
Birthplace of father (State or foreign country) Ky  
9. Full maiden name of mother Cory Alice Nicks  
Residence of mother (if deceased so state) deceased  
Birthplace of mother (State or foreign country) Ky  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Charles C. Burdine  
New Address 142 N. Washington St

Subscribed and sworn to before me this 11 day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Anne E. Willard  
Date of Birth June 15 1943  
Place of Birth (State or foreign country) Phoenicastle  
Residence Address 142 N. Wash. D'ville Ind  
Previous Marital 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.  
Jean Anne Willard

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Lee Bowen  
Residence of father (if deceased so state) deceased  
Birthplace of father (State or foreign country) Ind.  
9. Full maiden name of mother Leona Pearl Crouch  
Residence of mother (if deceased so state) English, Ind  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Anne E. Willard  
New Address 142 N. Washington St

Subscribed and sworn to before me this 11 day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_  
HENDRICKS County Superior Court by written order issued 3 day waiver and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11 day of May, 1983, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, \_\_\_\_\_ hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, at \_\_\_\_\_, County of \_\_\_\_\_, State of Indiana, Groom \_\_\_\_\_ and, Bride \_\_\_\_\_ of \_\_\_\_\_ County, State of \_\_\_\_\_ were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ HENDRICKS County.  
Dated this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Signed \_\_\_\_\_

Official Designation \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_ HENDRICKS Clerk  
Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 214  
File 5-12-83  
Date of Application

MALE  
Medical Examination Report Dated 5-7-83  
Name of Physician Sinkovic

FEMALE  
Medical Examination Report Dated 5-7-83  
Name of Physician 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 Roger Murray Chestnut  
Date of Birth Dec 27 1948  
Place of Birth Wars County  
Residence Address 3824 S. Clarks Creek Rd. Indpls Hend In  
Previous Marital Status: Never Married ☐ OR ☒  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) drivers lic
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Elmer Chestnut  
Residence of father (if deceased so state) Mooreville  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Mary Jane Bussinger  
Residence of mother (if deceased so state) Mooreville  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Roger Murray Chestnut  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 12 day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

FEMALE APPLICANT  
Name Patricia Ellen Mooney  
Date of Birth Oct 20 1954  
Place of Birth Marion In  
Residence Address 3824 S. Clarks Creek Rd. Indpls Hend In  
Previous Marital Status: Never Married ☒ OR ☐  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) drivers lic
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Riley Mooney  
Residence of father (if deceased so state) Marion In  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Betty Virginia Boyles  
Residence of mother (if deceased so state) Marion In  
Birthplace of mother (State or foreign country) Grant Co, Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Patricia E Mooney  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 12 day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior II Court by written order issued 3 day waiver and filed in Clarks 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 12 day of May, 1983, authorizing the joining together as husband and wife of Roger Murray Chestnut and Patricia Ellen Mooney

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, John Burbank hereby certify that on the 14th day of May, 1983, at Mooreville, County of Hendricks, State of Indiana, Groom Roger Murray Chestnut of Hendricks County, State of Indiana, and, Bride Patricia Ellen Mooney of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 14th day of May, 1983.  
Signed /s/ John Burbank  
Official Designation Minister, 1983  
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 215  
File 5-13-83  
Date of Application

MALE  
Medical Examination Report Dated 5-10-83  
Name of Physician Robert A. Heavin

FEMALE  
Medical Examination Report Dated 5-4-83  
Name of Physician Robert A. Heavin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT  
Name Randle Allen Bowen  
Date of Birth 10 2 1953  
Place of Birth (State or foreign country) Greencastle, In.  
Residence Address P.O. Box 52, Stilesville, In. 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) B
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Noble Lee Bowen  
Residence of father (if deceased so state) Stilesville, In.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Ruth Anne Marley  
Residence of mother (if deceased so state) Stilesville, In.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Randle Allen Bowen  
New Address P.O. Box 52, Stilesville, In. 46180  
Subscribed and sworn to before me this 13th day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

FEMALE APPLICANT  
Name Tammy Sue Bell  
Date of Birth 11 17 1962  
Place of Birth (State or foreign country) Indiana  
Residence Address P.O. Box 52, Stilesville, In. 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) \_\_\_\_\_
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☐ Yes ☐
  - Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
  - List the full names of any dependent children.

Christopher Ray Pruden

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Edison Bell  
Residence of father (if deceased so state) Coatesville, In.  
Birthplace of father (State or foreign country) Missouri  
9. Full maiden name of mother Buena Vista Brown  
Residence of mother (if deceased so state) Coatesville, In.  
Birthplace of mother (State or foreign country) South Carolina

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Tammy Sue Bell  
New Address P.O. Box 52, Stilesville, In. 46180  
Subscribed and sworn to before me this 13th day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_  
HENDRICKS County Sup II Court by written order issued 3-May Warner and filed in Chas. Oppen authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_  
of Indiana dated the 13th day of May, 1983, authorizing the joining together as husband and wife  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Howard Cupp hereby certify that on the 14th day of May, 1983  
one thousand nine hundred and eighty-three at Coatesville, County of Hendricks  
State of Indiana, Groom Randle Allen Bowen of Hendricks County, State of Indiana  
and, Bride Tammy Sue Bell of Hendricks County, State of Indiana  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_  
County.  
Dated this 14th day of May, 1983.

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_

Signed /s/Howard Cupp  
Official Designation Pastor, Hadley Friends Church  
16th day of May, 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. 216  
File  
5-13-83  
Date of Application

MALE  
Medical Examination Report Dated 5-10-83  
Name of Physician Michael Neely

FEMALE  
Medical Examination Report Dated 5-10-83  
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 Steven Middle Lewis Last Knotts  
Date of Birth Month 9 Day 11 Year 1960  
Place of Birth (State or foreign country) Marysville, Ohio  
Residence Address 104 Twin Bridges Rd., Danville, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Lewis Knotts  
Residence of father (if deceased so state) Danville, Ind.  
Birthplace of father (State or foreign country) Ohio  
9. Full maiden name of mother Rebecca Sue McBee  
Residence of mother (if deceased so state) Danville, Ind.  
Birthplace of mother (State or foreign country) Ohio

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Steven Lewis Knotts  
New Address 104 Twin Bridges Rd., Danville  
Subscribed and sworn to before me this 13th day of May, 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, Hendricks } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1983

Clerk

## FEMALE APPLICANT

Name First Theresa Middle Lenore Last Leondis  
Date of Birth Month 9 Day 11 Year 1960  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address 311 North Washington, Danville, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Paul George Leondis  
Residence of father (if deceased so state) Danville, Ind.  
Birthplace of father (State or foreign country) Indiana  
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) Illinois

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Theresa Lenore Leondis  
New Address 104 Twin Bridges Rd., Danville  
Subscribed and sworn to before me this 13th day of May, 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, Hendricks } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1983

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Court by written order issued in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Hendricks Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 17 day of May, 1983, authorizing the joining together as husband and wife Steven Lewis Knotts and Theresa Lenore Leondis  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Francis B. Dooley, hereby certify that on the 21st day of May, 1983, at Danville, Hendricks County, State of Indiana, Steven Lewis Knotts of Hendricks County, State of Indiana and, Bride, Theresa Lenore Leondis of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 21st day of May, 1983

Signed /s/Francis B. Dooley  
Pastor, St. Mary's Church

Official Designation \_\_\_\_\_, 1983

Signed Mary Jane Russell Clerk Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of June, 1983



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 217  
File May 13 1983  
Date of Application

MALE  
Medical Examination Report Dated 5-10-83  
Name of Physician Victor J. Berger, M.D.

FEMALE  
Medical Examination Report Dated 5-9-83  
Name of Physician L. Craig 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 Nathan A. Kennedy  
Date of Birth December 28 1962  
Place of Birth (State or foreign country) Indiana  
Residence Address 4272 S. 5th St. Avon, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Nathan A. Kennedy  
Residence of father (if deceased so state) Avon, Ind.  
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother William R. Brown  
Residence of mother (if deceased so state) Avon, Ind.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Nathan A. Kennedy  
New Address 4272 S. 5th St. Avon, Ind.  
Subscribed and sworn to before me this 13 day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
\_\_\_\_\_  
Clerk

FEMALE APPLICANT

Name Janessa Lee Williams  
Date of Birth August 17 1963  
Place of Birth (State or foreign country) Indiana  
Residence Address 4272 S. 5th St. Avon, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Parker Williams  
Residence of father (if deceased so state) Greenwood, Ind.  
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jessie Ann Mitchell (Quinn)  
Residence of mother (if deceased so state) Avon, Ind.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Janessa Lee Williams  
New Address 4272 S. 5th St. Avon, Ind.  
Subscribed and sworn to before me this 13 day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_  
HENDRICKS County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed  
in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 May, 19 83, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Kenneth E. Vettters hereby certify that on the 21st day of May  
one thousand nine hundred and eighty-three at Avon, County of Hendricks  
State of Indiana, Groom Nathan A. Kennedy of Vigo County, State of Indiana  
and, Bride Janessa Lee Williams of Hendricks County, State of Indiana  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_  
County. HENDRICKS  
Dated this 21st day of May, 19 83

Signed /s/ Kenneth E. Vettters  
Official Designation Pastor  
Filed and recorded in accordance with the laws of the State of Indiana this 31st day of May, 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. 218  
File \_\_\_\_\_  
Date of Application 5-16-83

MALE  
Medical Examination Report Dated 5-7-83  
Name of Physician James E. Southard

FEMALE  
Medical Examination Report Dated 5-7-83  
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 Wade C. Means  
Date of Birth 9 7 1960  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address 1361 N. Dale St., Indpls., In. 46201  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) Driver's License w/ Pic
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Herbert Sidney Means  
Residence of father (if deceased so state) Indianapolis, In.  
Birthplace of father (State or foreign country) Indianapolis, Ind.  
9. Full maiden name of mother Christine Brown  
Residence of mother (if deceased so state) Indianapolis, Ind.  
Birthplace of mother (State or foreign country) Indianapolis, In.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Wade C. Means  
New Address 315 Welcome Way Blvd Apt 302 A  
Subscribed and sworn to before me this 16th day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name JaLee M. Miller  
Date of Birth 5 10 1962  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address 419 Maple St., Danville, 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 License w/ Pic
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Charles Robert Miller  
Residence of father (if deceased so state) Danville, In.  
Birthplace of father (State or foreign country) Danville, In.  
9. Full maiden name of mother Roberta Jean Russell  
Residence of mother (if deceased so state) Danville, In.  
Birthplace of mother (State or foreign country) Danville, In.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed JaLee M. Miller  
New Address 315 Welcome Way Apt 302 A  
Subscribed and sworn to before me this 16th day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed in \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 20 day of May, 1983 authorizing the joining together as husband and wife of Wade C. Means and JaLee M. Miller.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Joseph D. Stump hereby certify that on the 21st day of May,  
one thousand nine hundred and eighty-three at Danville, County of Hendricks,  
State of Indiana, Groom Wade C. Means at Marion, County, State of Indiana,  
and, Bride JaLee M. Miller of Hendricks, County, State of HENDRICKS  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 21st day of May, 1983

Signed /s/ Dr. Joseph D. Stump  
Official Designation Minister, 1983  
Signed Mary Jane Russell  
Official Designation Clerk, 1983  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
HENDRICKS County

No. 219  
File \_\_\_\_\_  
Date of Application 5-13-83

**MALE**  
Medical Examination Report Dated 5-9-83  
Name of Physician J. Steenburgen

**FEMALE**  
Medical Examination Report Dated 5-9-83  
Name of Physician J. Steenburgen

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

**MALE APPLICANT**

Name Frederick H. Kopee  
Date of Birth July 10 1955  
Place of Birth (State or foreign country) Pa.  
Residence Address 205 N. Jefferson Brownsville  
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. Liscie  
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Kopee  
Residence of father (if deceased so state) S. Blvd. Pa.  
Birthplace of father (State or foreign country) Pa.  
9. Full maiden name of mother Jan Drouart  
Residence of mother (if deceased so state) S. Blvd. Pa.  
Birthplace of mother (State or foreign country) Pa.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed J. M. Kach  
New Address 205 N. Jefferson, Brownsville  
Subscribed and sworn to before me this 13 day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Margaret J. Felton  
Date of Birth July 3 1958  
Place of Birth (State or foreign country) Pa.  
Residence Address 205 N. Jefferson Brownsville  
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. Liscie  
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Ernest J. Felton  
Residence of father (if deceased so state) Brownsville, Pa.  
Birthplace of father (State or foreign country) Pa.  
9. Full maiden name of mother Ruth Fink  
Residence of mother (if deceased so state) Brownsville, Pa.  
Birthplace of mother (State or foreign country) Pa.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Margaret J. Felton  
New Address 205 N. Jefferson, Brownsville  
Subscribed and sworn to before me this 13 day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 19th day of May, 1983, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Norman Kopee hereby certify that on the 21 day of May, one thousand nine hundred and eighty-three at Brownsville, County of Hendricks, State of Indiana, Groom Frederick H. Kopee of St. Joseph County, State of Indiana and, Bride Margaret J. Felton of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ HENDRICKS County.  
Dated this 21 day of May, 1983.

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1983.

Signed Norman Kopee  
Official Designation Judge St. Joseph  
Subscribed and sworn to before me this 22 day of May, 1983  
Mary Jane Russell Clerk HENDRICKS Circuit Court



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 220

HENDRICKS

County

File

**MALE**

Medical Examination Report Dated 5-9-83  
Name of Physician Harris

**FEMALE**

Medical Examination Report Dated 5-9-83  
Name of Physician Harris

Date of Application

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

**MALE APPLICANT**

Name David Wayne Hatfield  
Date of Birth June 25 1963  
Place of Birth (State or foreign country) Subson Arizona  
Residence Address R.R. 2 Box 384 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) birth registration card

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father William Earnest Hatfield, Jr.  
Residence of father (if deceased so state) Clayton  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Betty Jean Gudd  
Residence of mother (if deceased so state) Clayton  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David W. HatfieldNew Address Plainfield

Subscribed and sworn to before me this 16 day of May, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Theresa Ann Harrell  
Date of Birth Feb. 12 1963  
Place of Birth (State or foreign country) Indpls  
Residence Address R.R. 1 Box 523 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) \_\_\_\_\_

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father William Thurman Harrell  
Residence of father (if deceased so state) Clayton  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Mary Louise May  
Residence of mother (if deceased so state) Clayton  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Theresa A. HarrellNew Address Plainfield

Subscribed and sworn to before me this 16 day of May, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed \_\_\_\_\_  
HENDRICKS County \_\_\_\_\_ Court by written order issued \_\_\_\_\_  
in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 20 day of May, 1983, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Clarence E. Hopkins hereby certify that on the 20th day of May, 1983, at Hazelwood, County of Hendricks, State of Indiana, Groom David Wayne Hatfield of Hendricks County, State of Indiana and, Bride Theresa Ann Harrell of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 20th day of May, 1983

Signed /s/ Clarence E. Hopkins  
Baptist Minister

Official Designation May, 1983  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
HENDRICKS County

No. 221  
File 5-16-83  
Date of Application

**MALE**  
Medical Examination Report Dated 5-13-83  
Name of Physician Williams

**FEMALE**  
Medical Examination Report Dated 5-13-83  
Name of Physician Williams

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

**MALE APPLICANT**

Name First Rick Middle A. Last Fiscus  
Date of Birth Month 9 Day 15 Year 1959  
Place of Birth (State or foreign country) Morris Ill.  
Residence Address RR 1 Box 270 Danville Hend. Ind.  
Previous Marital Status: Never Married ☒ OR ☐  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) Drivers License w/picture
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.  
8. Full name of father Gerald Eugene Fiscus  
Residence of father (if deceased so state) Deceased  
Birthplace of father (State or foreign country) Illinois  
9. Full maiden name of mother Luth Anne Miller  
Residence of mother (if deceased so state) Danville Ind.  
Birthplace of mother (State or foreign country) Illinois  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Rick A. Fiscus  
New Address Joplin, Mo.  
Subscribed and sworn to before me this 16 day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name First Shannon Middle K. Agnew Last Crockett  
Date of Birth Month 8 Day 23 Year 1963  
Place of Birth (State or foreign country) Danville Ind.  
Residence Address 228 College Ave B Burg Hend Ind.  
Previous Marital Status: Never Married ☐ OR ☒  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐  
6. List the full names of any dependent children.  
Sarah Suzanne Crockett

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Eugene Agnew  
Residence of father (if deceased so state) Deceased  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Gaythay Anne Hart  
Residence of mother (if deceased so state) Burg Ind.  
Birthplace of mother (State or foreign country) Indiana  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Shannon K. Crockett  
New Address Joplin, Mo.  
Subscribed and sworn to before me this 16 day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_  
HENDRICKS County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_  
of Indiana dated the 20 day of May, 1983, authorizing the joining together as husband and wife  
Rick A. Fiscus and Shannon K. Agnew Crockett  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Francis W. Miller hereby certify that on the 11th day of June  
one thousand nine hundred and eighty-three at Danville \_\_\_\_\_  
State of Indiana, Groom Rick A. Fiscus \_\_\_\_\_  
and, Bride Shannon K. Agnew Crockett \_\_\_\_\_  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_  
County. \_\_\_\_\_  
Dated this 11th day of June, 1983.

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1983.

Signed s/ Rev. Francis W. Miller  
Official Designation Ordained Minister  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 222

File

5-16-83  
Date of Application

## MALE

Medical Examination Report Dated 5-13-83

Name of Physician Larry W. Souall

## FEMALE

Medical Examination Report Dated 5-13-83

Name of Physician Larry W. Souall

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

### MALE APPLICANT

Name Manuel J Burns  
Date of Birth 10 6 1961  
Place of Birth (State or foreign country) Virginia  
Residence Address 850 Woodlawn, Plainfield, In. 46168  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Dary Alden Burns  
Residence of father (if deceased so state) Plainfield, In.  
Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Sandra Kay Muddock  
Residence of mother (if deceased so state) Plainfield, In.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Daniel J. Burns  
New Address Re #1 Box 101 Danville, IN 46122

Subscribed and sworn to before me this 16th day of May, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

### FEMALE APPLICANT

Name Sharon Ann Hayden  
Date of Birth 1 9 1962  
Place of Birth (State or foreign country) Indiana  
Residence Address Re #1 Box 242, Danville, Indiana  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father John Richard Hayden  
Residence of father (if deceased so state) Manville, Indiana  
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Marilyn Jean Vigil  
Residence of mother (if deceased so state) Manville, In.  
Birthplace of mother (State or foreign country) Illinois

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sharon Hayden  
New Address Re #1 Box 101 Danville, IN 46122

Subscribed and sworn to before me this 16th day of May, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed \_\_\_\_\_  
HENDRICKS County \_\_\_\_\_ Court by written order issued \_\_\_\_\_  
in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

### RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 20th day of May, 1983, authorizing the joining together as husband and wife

Daniel Joseph Burns and Sharon Ann Hayden  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Reverend Robert James Pruett hereby certify that on the 21st day of May,  
one thousand nine hundred and eighty-three at Avon County of Hendricks  
State of Indiana, Groom Daniel Joseph Burns of Hendricks County, State of Indiana  
and, Bride Sharon Ann Hayden of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County,  
Dated this 21st day of May, 1983

Signed /s/Rev. Robert J. Pruett  
Minister

Official Designation \_\_\_\_\_, 1983  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 25th day of May, 1983



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
HENDRICKS County

No. 223  
File 5-16-83  
Date of Application

**MALE**  
Medical Examination Report Dated 5-16-83  
Name of Physician Cohen

**FEMALE**  
Medical Examination Report Dated 5-16-83  
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 David Hadley Johnson  
Date of Birth July 4 1930  
Place of Birth (State or foreign country) Indiana  
Residence Address 425 Union Ave, Plainfield, Hendricks, IN  
Previous Marital Status: Never Married ☒ OR ☐  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Taylor H. Johnson  
Residence of father (if deceased so state) deceased  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Adair Mae Jones  
Residence of mother (if deceased so state) Plainfield  
Birthplace of mother (State or foreign country) Indiana  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed X David Hadley Johnson  
New Address 708 S. Hendricks, Plainfield, IN  
Subscribed and sworn to before me this 16 day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Martha Lou Pryor  
Date of Birth Oct 15 1930  
Place of Birth (State or foreign country) Indiana  
Residence Address 708 S. Hendricks, Plainfield, Hendricks, IN  
Previous Marital Status: Never Married ☒ OR ☐  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Fay Vernon Morrison  
Residence of father (if deceased so state) Plainfield  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Velma Guarita Bayless  
Residence of mother (if deceased so state) Plainfield  
Birthplace of mother (State or foreign country) Indiana  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Martha Lou Pryor  
New Address 708 S. Hendricks St, Plainfield, IN  
Subscribed and sworn to before me this 16 day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_  
HENDRICKS County Circuit Court Court by written order issued 3 day waver and filed in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_  
of Indiana dated the 16 day of May, 1983, authorizing the joining together as husband and wife  
David Hadley Johnson and Martha Lou Pryor  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Dewey A. Thackston hereby certify that on the 21st day of May  
one thousand nine hundred and eighty-three at Plainfield  
State of Indiana, Groom David Hadley Johnson of Hendricks County, State of Indiana  
and, Bride Martha Lou Pryor of Hendricks County, State of Indiana  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_  
County.  
Dated this 21st day of May, 1983.

Signed /s/ Dewey A. Thackston  
Official Designation Minister of the Gospel  
Filed and recorded in accordance with the laws of the State of Indiana this 24th day of May, 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

No. 224  
File

MALE

Medical Examination Report Dated 5-14-83  
Name of Physician Ferry

FEMALE

Medical Examination Report Dated 5-14-83  
Name of Physician Ferry

ALL QUESTIONS MUST BE ANSWERED I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

## MALE APPLICANT

Name Michael Alan Greer  
Date of Birth Oct 5 1959  
Place of Birth (State or foreign country) Arkansas  
Residence Address 1512 Sherwood Circle City Plymouth 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)

- Are you now or have you ever been adjudged to be of unsound mind?  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☒
- Are you afflicted with a transmissible disease? No ☐ Yes ☒
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☒
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☒
- Are you now under the influence of a narcotic drug? No ☐ Yes ☒
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Hubert Cecil Greer  
Residence of father (if deceased so state): Plymouth  
Birthplace of father (State or foreign country): IN  
9. Full maiden name of mother: Artrude Alice Watson  
Residence of mother (if deceased so state): Plymouth  
Birthplace of mother (State or foreign country): CA

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Michael Greer

New Address 611 Hanley

Subscribed and sworn to before me this 16 day of May, 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, HENDRICKS } ss:  
County of

Signed

Father

Signed

Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior 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

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 16 day of May, 1983, authorizing the joining together as husband and wife Michael Alan Greer and Jane Ann Kivett.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Hubert C. Greer hereby certify that on the 21st day of May, one thousand nine hundred and eighty-three at Plainfield County of Hendricks State of Indiana, Groom Michael Alan Greer of Hendricks County, State of Indiana and, Bride Jane Ann Kivett of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 21st day of May, 1983

Signed /s/Hubert C. Greer

Official Designation Pastor September, 1983

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



No. 725  
File \_\_\_\_\_  
Date of Application \_\_\_\_\_

HENDRICKS \_\_\_\_\_ County

Date of Application \_\_\_\_\_

MALE  
Medical Examination Report Dated 4-21-85  
Name of Physician Sudaker

FEMALE  
Medical Examination Report Dated 4-26-83  
Name of Physician Loren

Name of Physician Dr. [Signature]

ALL INFORMATION MUST BE ANSWERED. LC 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense."

**FEMALE APPLICANT**

## MALE APPLICANT

Name Robert Harold DeWesse  
 Date of Birth Aug 5 1922  
 Place of Birth (State or foreign country) Wilcox, Graham Co.  
 Residence Address 1007 West Norman Rd Bldg 101  
 Previous Marital Status: Never Married ☐ OR ☐  
 Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
 Date of birth verified by ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Hereditary Alcohol

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☒

If answer is "yes", has the adjudication been removed? No ☐ Yes ☐

2. Are you afflicted with a transmissible disease? No ☐ Yes ☒

3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☒

4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☒

5. Are you now under the influence of a narcotic drug? No ☐ Yes ☒

6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes" it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. *22-2014-00142-0*

8. Full name of father: Raymond Rolfe Souless  
Residence of father (if deceased so state): deceased  
Birthplace of father (State or foreign country): Ind

9. Full maiden name of mother Williamie Kachapoo Kaka  
Residence of mother (if deceased so state) Primo, Ohio  
Birthplace of mother (State or foreign country) Ind.

State of Indiana. } ss: I depose and state the information given  
County of HENDRICKS } in this application is true and correct.

Signed Gallin H. Newkirk  
New Address 1007 E. 110th St N.W. Rd Oklahoma

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, } ss:  
County of HENDRICKS }

Signed \_\_\_\_\_ Father \_\_\_\_\_  
Signed \_\_\_\_\_ Mother \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name *Mary* *Law* *Cubanks*  
 Date of Birth Month *Dec* Day *21* Year *1936*  
 Place of Birth (State or foreign country) *Indpls In. Marion Co*  
 Residence Address Street or R. R. City County State  
*2211 Hermitage apt 123 Speedway In.*  
 Previous Marital Status: Never Married ☐ OR ☒  
 Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
 Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐

If answer is "yes", has the adjudication been removed? No ☐ Yes ☒

Are you afflicted with a transmissible disease? No ☐ Yes ☒

Are you related to the male applicant closer than second cousin? No ☐ Yes ☒

Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

Are you now under the influence of a narcotic drug? No ☐ Yes ☒

List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: William Forest Barron  
Residence of father (if deceased so state): deceased  
Ind.

Birthplace of father (State or foreign country) \_\_\_\_\_  
9. Full maiden name of mother. Helen Saskie Schmidt  
Ind.

Residence of mother (if deceased so state) \_\_\_\_\_  
 Birthplace of mother (State or foreign country) Ind.  
 State of Indiana, \_\_\_\_\_ } ss: I depose and state the information given  
 County of HENDRICKS \_\_\_\_\_ in this application is true and correct.

Signed Mary Lou Eubanks  
IN 4612 New Address 1001 E. NOCMAN RD BROWNSBURG

Subscribed and sworn to before me this..... day of....., 19.....  
Clerk..... HENDRICKS..... Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, } ss:  
County of ..... HENDRICKS }

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this.....day of.....19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the  
HENDRICKS County Court by written order issued \_\_\_\_\_ and filed  
in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
Be 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 May, 1983, authorizing the joining together as husband and wife  
Rollin Garold DeWeese and Mary Lou Eubanks

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Andrew P. Crowley hereby certify that on the 20th day of May  
one thousand nine hundred and eighty-three at Speedway, County of Marion  
State of Indiana, Groom Rollin Garold DeWeese Hendricks Indiana  
and Bride Mary Lou Eubanks of Marion County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County, State of \_\_\_\_\_ HENDRICKS

Dated this 20th day of May 19 83

Signed /s/ Andrew P. Crowley  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 25th day of May, 1983.

Filed and recorded in accordance with the laws of the State of Indiana this 25th day of May, 19 83.  
Signed Mary Jane Russell  
HENDRICKS Circuit Court Clerk



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 226  
File 5-1783

MALE  
Medical Examination Report Dated 4-29-83  
Name of Physician Mansbury

FEMALE  
Medical Examination Report Dated 4-29-83  
Name of Physician Thomas M. Bergen

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Bryant Fawcette Perry  
Date of Birth February 14 1964  
Place of Birth (State or foreign country) Indiana  
Residence Address 9102 W 86th Street, Muncie, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Donald Eugene Perry  
Residence of father (if deceased so state): Indiana  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Sandra Jean Spurlock  
Residence of mother (if deceased so state): Tenn.  
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Bryant F. Perry  
New Address Lionsville Ind.

Subscribed and sworn to before me this 17 day of May, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

FEMALE APPLICANT

Name Kathy A. Thomas  
Date of Birth June 8 1967  
Place of Birth (State or foreign country) Indiana  
Residence Address 46 Ave. Dr. Brownsburg, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Steve Robert Thomas  
Residence of father (if deceased so state): Brownsburg Ind.  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Annelle Marie Richardson  
Residence of mother (if deceased so state): Brownsburg Ind.  
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kathy A. Thomas  
New Address Lionsville, Ind.

Subscribed and sworn to before me this 17 day of May, 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, HENDRICKS } ss:

Signed Steven R. Thomas Father  
Signed Annelle M. Thomas Mother

Subscribed and sworn to before me this 17 day of May, 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 Superior I Court by written order issued age waiver 3 day 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 17 day of June, 1983, authorizing the joining together as husband and wife of Bryant Fawcette Perry and Kathy Ann Thomas

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, C. W. Duncan hereby certify that on the 20th day of June, County of Mohlenberg  
one thousand nine hundred and eighty-three at Greenville  
State of Kentucky Bryant F. Perry of Marion County, State of Indiana  
and, Bride Cathy Ann Thomas of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 20th day of June, 1983

Signed /s/ C.W. Duncan  
Minister

Official Designation 22nd day of June, 1983  
Signed \_\_\_\_\_ HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
HENDRICKS County

No. 227  
File May 17, 1983  
Date of Application

**MALE**  
Medical Examination Report Dated 5-16-83  
Name of Physician Joseph Berlin

**FEMALE**  
Medical Examination Report Dated 5-16-83  
Name of Physician Joseph Berlin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

**MALE APPLICANT**

Name William W. Ramey  
Date of Birth April 13 1957  
Place of Birth (State or foreign country) In  
Residence Address 8851 W. Mooresville Rd. Camby  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Ramey  
Residence of father (if deceased so state) Union, In  
Birthplace of father (State or foreign country) In  
9. Full maiden name of mother Mary J. Williams  
Residence of mother (if deceased so state) Union, In  
Birthplace of mother (State or foreign country) In

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed William W. Ramey  
New Address 8851 W. Mooresville Rd. Camby

Subscribed and sworn to before me this 17 day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed \_\_\_\_\_  
HENDRICKS County \_\_\_\_\_ Court by written order issued \_\_\_\_\_  
in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 23 day of May, 1983, authorizing the joining together as husband and wife of William W. Ramey and Susan K. Voyles

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Thomas W. Abbott hereby certify that on the 28th day of May  
one thousand nine hundred and eighty-three at Camby, County of Marion  
State of Indiana, Groom William W. Ramey of Marion County, State of Indiana  
and, Bride Susan K. Voyles of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 28th day of May, 1983

Signed /s/ Thomas W. Abbott

Official Designation Minister

1st day of June, 1983

Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 228  
File  
Date of Application 5-17-83

MALE  
Medical Examination Report Dated 5-16-83  
Name of Physician Joseph Kerlin

FEMALE  
Medical Examination Report Dated 5-16-83  
Name of Physician Joseph Kerlin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

## MALE APPLICANT

Name Manfred Hilgardt  
Date of Birth 5 20 1963  
Place of Birth (State or foreign country) Germany  
Residence Address 7777 W. Washington St. Indpls., Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Nans Hilgardt  
Residence of father (if deceased so state) W. Germany  
Birthplace of father (State or foreign country) W. Germany  
9. Full maiden name of mother Erika Rosake  
Residence of mother (if deceased so state) Indpls., Ind.  
Birthplace of mother (State or foreign country) W. Germany

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Manfred Hilgardt  
New Address 7777 West-Washington St M7

Subscribed and sworn to before me this 17 day of May, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name Carrie E. McGhee  
Date of Birth 3 22 1963  
Place of Birth (State or foreign country) Indiana  
Residence Address RR 6 Box 24, Danville, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) \_\_\_\_\_

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Joe W. McGhee  
Residence of father (if deceased so state) Danville, Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Linda Ellen Smith  
Residence of mother (if deceased so state) Danville, Ind.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carrie McGhee  
New Address 7777 W. Washington St M7

Subscribed and sworn to before me this 17 day of May, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the  
HENDRICKS County Court by written order issued \_\_\_\_\_ and filed  
in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 23 day of May, 1983, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, W. Charles Gillespie hereby certify that on the 4th day of June,  
one thousand nine hundred and Eighty-three at Danville, County of Hendricks,  
State of Indiana, Groom Manfred Hilgardt of Marion County, State of Indiana,  
and, Bride Carrie E. McGee of Hendricks County, State of HENDRICKS

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 4th day of June, 1983

Signed W. Charles Gillespie  
Official Designation Pastor June 1983  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1983



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
HENDRICKS County

No. 229  
File May 18, 1983  
Date of Application

**MALE**  
Medical Examination Report Dated 5-10-83  
Name of Physician Shun Baker

**FEMALE**  
Medical Examination Report Dated 5-10-83  
Name of Physician Shun 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 Dennis Michael Engel  
Date of Birth July 18, 1962  
Place of Birth (State or foreign country) Illinois  
Residence Address RT 1 Box 269 Pittsburg  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Engel  
Residence of father (if deceased so state) Marquette, Ill.  
Birthplace of father (State or foreign country) Ill.  
9. Full maiden name of mother Karen M. Woyner  
Residence of mother (if deceased so state) Pittsburg  
Birthplace of mother (State or foreign country) Ill.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Dennis Engel

New Address International Village Apt. 302

Subscribed and sworn to before me this 18 day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 25 day of May, 1983, authorizing the joining together as husband and wife

Dennis Michael Engel and Martha Jane Warren  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Dennis L. Dodson hereby certify that on the 4th day of June

one thousand nine hundred and eighty-three at Brownsburg County of Hendricks

State of Indiana, Groom Dennis Michael Engel of Hendricks County, State of Indiana

and, Bride Martha Jane Warren of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 4th day of June, 1983

Signed Rev. Dennis L. Dodson

Official Designation Minister  
7th day of June, 1983

Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 230  
File 5-18-83  
Date of Application

MALE  
Medical Examination Report Dated 5-13-83  
Name of Physician J. Thomas Vieira

FEMALE  
Medical Examination Report Dated 5-17-83  
Name of Physician J. Thomas Vieira

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

## MALE APPLICANT

Name Robert Dale Griffin  
Date of Birth July 4, 1943  
Place of Birth (State or foreign country) St. Louis Mo  
Residence Address RR#2 Box 88 Coatesville Mo  
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

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Louis H. Griffin  
Residence of father (if deceased so state) St. Louis Mo.  
Birthplace of father (State or foreign country) Mo.  
9. Full maiden name of mother Auth M. Conway  
Residence of mother (if deceased so state) St. Louis Mo.  
Birthplace of mother (State or foreign country) Mo.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Robert O. Griffin  
New Address Rt 2 Box 88 Coatesville

Subscribed and sworn to before me this 18 day of May, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed in \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 23 day of May, 1983, authorizing the joining together as husband and wife of Robert Dale Griffin and Paula Kay Tallent.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
Sharon L. Hammond hereby certify that on the 26th day of May, one thousand nine hundred and eighty-three at Greencastle County of Putnam State of Indiana, Groom Robert Dale Griffin of Hendricks County, State of Indiana and, Bride Paula Kay Tallent of Hendricks County, State of Indiana.

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 26th day of May, 1983.

Signed Sharon L. Hammond  
Putnam County Clerk

Official Designation \_\_\_\_\_, 1983.  
31st day of May  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
HENDRICKS County

No. 231  
File 5-18-83  
Date of Application

**MALE**  
Medical Examination Report Dated 4-29-83  
Name of Physician James Grasure

**FEMALE**  
Medical Examination Report Dated 4-27-83  
Name of Physician Paul Schaar

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

**MALE APPLICANT**

Name Keith A. See  
Date of Birth 10/8/1956  
Place of Birth (State or foreign country) Detroit Michigan  
Residence Address 10233 Kewanna, 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) Indiana 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 Donald John See, Sr.

Residence of father (if deceased so state) Deceased

Birthplace of father (State or foreign country) Michigan

9. Full maiden name of mother Helen Young

Residence of mother (if deceased so state) Indianapolis, In.

Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Keith A. See

New Address 10233 Kewanna, Indpls, In.

Subscribed and sworn to before me this 18th day of May, 1983

Mary Jane Rusee Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the 23rd day of May, 1983, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, \_\_\_\_\_ hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, at \_\_\_\_\_, County of \_\_\_\_\_, State of Indiana, Groom \_\_\_\_\_ and, Bride \_\_\_\_\_ of \_\_\_\_\_ County, State of \_\_\_\_\_ were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County. Dated this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_

Official Designation \_\_\_\_\_, 19\_\_\_\_

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_ Clerk  
HENDRICKS Circuit Court

**FEMALE APPLICANT**

Name Terri L. Allen  
Date of Birth 7/4/1961  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address 10233 Kewanna, 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) Indiana 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 Howard Joseph Allen

Residence of father (if deceased so state) Indianapolis, In.

Birthplace of father (State or foreign country) Indianapolis, In.

9. Full maiden name of mother Mary Helen Snyder

Residence of mother (if deceased so state) Indianapolis, In.

Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Terri L. Allen

New Address 10233 Kewanna, Indpls, In.

Subscribed and sworn to before me this 18th day of May, 1983

Mary Jane Rusee Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 232  
File May 18, 1983  
Date of Application

MALE  
Medical Examination Report Dated 5-13-83  
Name of Physician J.T. Viera

FEMALE  
Medical Examination Report Dated 5-17-83  
Name of Physician J.T. Viera

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Benjamin Scott Holman  
Date of Birth Mar 30 1963  
Place of Birth (State or foreign country) In.  
Residence Address Rt 2 Box 16A Coatesville In.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☒  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☒
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☒
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Ben R. Holman  
Residence of father (if deceased so state) Indpls In.  
Birthplace of father (State or foreign country) Tenn.  
9. Full maiden name of mother Mary Cromwell  
Residence of mother (if deceased so state) Nashville, In.  
Birthplace of mother (State or foreign country) In.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Benjamin Scott Holman  
New Address Rt 2 Box 16A Coatesville  
Subscribed and sworn to before me this 18 day of May, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
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 and filed in Clerk's authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 18 day of May, 1983, authorizing the joining together as husband and wife of Benjamin Scott Holman and Carole Ann Werble

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Leonard Enloe hereby certify that on the 21st day of May,  
one thousand nine hundred and eighty-three at Indianapolis County of Marion  
State of Indiana, Groom Benjamin Scott Holman of Marion County, State of Indiana  
and, Bride Carole Ann Werble of Hendricks County, State of HENDRICKS

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 21st day of May, 1983.

Signed /s/ Leonard Enloe  
Official Designation Minister, 1983  
25th day of May

Signed Mary Jane Russell HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



418

Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
HENDRICKS County

No. 233  
File 8-18-83  
Date of Application

**MALE**  
Medical Examination Report Dated 5-14-83  
Name of Physician Thomas M. Walker

**FEMALE**  
Medical Examination Report Dated 5-14-83  
Name of Physician Thomas M. Walker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

**MALE APPLICANT**

Name John Dennis Crowe  
Date of Birth 7 10 1960  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address 313 Stadium Dr., Brownsburg, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Driver's License & Pic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Donald S. Crowe  
Residence of father (if deceased so state) Naples, Florida  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Albertine Rose Burkitt  
Residence of mother (if deceased so state) Brownsburg, Ind.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS

Signed John D. Crowe  
New Address 313 Stadium Dr.  
184 Brownsburg, Ind.

Subscribed and sworn to before me this 18th day of May, 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, HENDRICKS } ss:  
County of HENDRICKS

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Theresa Marie Meunier  
Date of Birth 7 12 1959  
Place of Birth (State or foreign country) Brownsburg, Indiana  
Residence Address 3385 N. 950 E. Brownsburg, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Driver's License & Pic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Raymond Donald Meunier  
Residence of father (if deceased so state) Brownsburg, Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Clleanor Marie Bajt  
Residence of mother (if deceased so state) Brownsburg, Ind.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS

Signed Theresa M. Meunier  
New Address 313 Stadium Drive, Brownsburg  
184 Ind.

Subscribed and sworn to before me this 18th day of May, 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, HENDRICKS } ss:  
County of HENDRICKS

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be 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 May, 1983, authorizing the joining together as husband and wife of John Dennis Crowe and Theresa Marie Meunier.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. John M. Hall \_\_\_\_\_ hereby certify that on the 24th day of June, one thousand nine hundred and eighty-three at Brownsburg, County of Hendricks, State of Indiana, Groom John Dennis Crowe of Hendricks County, State of Indiana and, Bride Theresa Marie Meunier 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 24th day of June, 1983.

Signed /s/ Rev. John M. Hall

Official Designation Catholic Priest  
5th day of July, 1983

Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 234  
File 5-19-83  
Date of Application

MALE  
Medical Examination Report Dated 5-12-83  
Name of Physician Lermet R. Hannan M.D.

FEMALE  
Medical Examination Report Dated 5-12-83  
Name of Physician Lermet R. Hannan 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 Michael William Ballard  
Date of Birth March 27 1964  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address 1741 S. Madison St. Indianapolis, Ind. 46203  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father William J. Ballard  
Residence of father (if deceased so state) Indianapolis, Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Wanda S. Fulkerson  
Residence of mother (if deceased so state) Indianapolis, Ind.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Michael W. Ballard  
New Address 325 N. Tennessee St. Danville, Ind. 46122

Subscribed and sworn to before me this 19 day of May, 1983  
Mary Jean Russell, Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_, Clerk

FEMALE APPLICANT

Name Tabetha  
Date of Birth March 19 1964  
Place of Birth (State or foreign country) Bedford, Ind.  
Residence Address R.R.#6 Box 58 Muncie, Ind. 47303  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Edward D. Fleetwood  
Residence of father (if deceased so state) Muncie, Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Judith A. DePue  
Residence of mother (if deceased so state) Muncie, Ind.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Tabetha Fleetwood  
New Address 325 N. Tennessee St. Danville, Ind.

Subscribed and sworn to before me this 19 day of May, 1983  
Mary Jean Russell, Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Hendricks Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 24th day of May, 1983, authorizing the joining together as husband and wife of MICHAEL W. BALLARD and TABETHA N. FLEETWOOD.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, JERRY G. VANLUE, hereby certify that on the 11th day of June, \_\_\_\_\_, County of Hendricks, State of Indiana, Groom MICHAEL WILLIAM BALLARD of \_\_\_\_\_ County, State of Indiana, and, Bride TABETHA N. FLEETWOOD of \_\_\_\_\_ County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 11th day of June, 1983.

Signed /s/ Jerry G. VanLue  
Official Designation MINISTER, 183  
Signed Mary Jean Russell, Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of June, 1983



420

Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 235  
File \_\_\_\_\_  
Date of Application May 20, 1983

MALE  
Medical Examination Report Dated May 18, 1983  
Name of Physician Beryl L. Sisler, M.D., Col. MC.

FEMALE  
Medical Examination Report Dated 5-18-83  
Name of Physician Wm Edwards M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

**MALE APPLICANT**

Name Stephen Dean Bryant  
Date of Birth April 29, 1963  
Place of Birth (State or foreign country) Indiana  
Residence Address C/5-100, St. Hood, Evans 26544  
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 S.I.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.  
  
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.  
8. Full name of father William Stephen Bryant  
Residence of father (if deceased so state) Indianapolis, In.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Karen Sue Jones  
Residence of mother (if deceased so state) Indianapolis, In.  
Birthplace of mother (State or foreign country) Indiana  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
X Signed Stephen Dean Bryant  
New Address 264 N. MILL ST. PLAINFIELD, IN 46168  
Subscribed and sworn to before me this 31st day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Apryl Dawn Scotten  
Date of Birth April 29, 1960  
Place of Birth (State or foreign country) Indiana  
Residence Address 264 N. MILL ST. PLAINFIELD, IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree  
☐ Other (Specify) \_\_\_\_\_

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.  
  
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.  
8. Full name of father Beryl L. Scotten  
Residence of father (if deceased so state) Plainfield In 46168  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Marjorie L. Friel  
Residence of mother (if deceased so state) deceased  
Birthplace of mother (State or foreign country) Indiana  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Apryl Dawn Scotten  
New Address 264 N. MILL ST.  
Subscribed and sworn to before me this 20 day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE** HENDRICKS Circuit Court  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 31st day of May, 1983, authorizing the joining together as husband and wife of Stephen Dean Bryant and Apryl Dawn Scotten.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, John C. Mowrer hereby certify that on the 31st day of May, eighty-three at Danville, County of Hendricks, State of Indiana, Groom Stephen Dean Bryant of Hendricks County, State of Indiana and, Bride Apryl Dawn Scotten of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 31st day of May, 1983.

Signed/s/ John C. Mowrer  
Official Designation Judge, Hendricks Superior Court #2  
1st day of June, 1983  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 236  
File 5-20-83  
Date of Application

MALE  
Medical Examination Report Dated 5-13-83  
Name of Physician Schaak

FEMALE  
Medical Examination Report Dated 5-13-83  
Name of Physician 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 Donald Howard Meece  
Date of Birth 7 24 1944  
Place of Birth (State or foreign country) Indpls Ind  
Residence Address 4421 Crossbridge Ct Indpls Ind  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
- If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

List the full names of any dependent children.  
Christopher Nathan Meece  
Noah Adam Lowell Meece

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒

If answer is "yes", it is required that this Application be 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 W. Meece  
Residence of father (if deceased so state) Indpls Ind.  
Birthplace of father (State or foreign country) Illinois  
9. Full maiden name of mother Betty J. Henderson  
Residence of mother (if deceased so state) Indpls Ind.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Donald H. Meece

New Address Same

Subscribed and sworn to before me this 20 day of May, 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, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

FEMALE APPLICANT

Name Donna Sue Simmonds Meece  
Date of Birth 12 20 1943  
Place of Birth (State or foreign country) Columbus Ind.  
Residence Address 4421 Crossbridge Ct Indpls Ind  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
- If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

List the full names of any dependent children.  
Noah Adam Lowell Meece

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Maurice Simmonds  
Residence of father (if deceased so state) Indpls Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Lois Rozzell  
Residence of mother (if deceased so state) Deceased  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Donna Meece

New Address Same

Subscribed and sworn to before me this 20 day of May, 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, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed \_\_\_\_\_  
HENDRICKS County \_\_\_\_\_ Court by written order issued \_\_\_\_\_  
in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_  
of Indiana dated the 24 day of May, 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, William R. Clayton hereby certify that on the 24 day of May,  
one thousand nine hundred and eighty-three at Indianapolis County of Hendricks  
State of Indiana, Groom Donald H. Meece of Hendricks County, State of Indiana,  
and, Bride Donna S. Meece of Hendricks County, State of Indiana,  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of  
County, \_\_\_\_\_  
Dated this 24 day of May, 1983

Signed William R. Clayton

Official Designation Pastor

Signed Mary Jane Russell Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of May, 1983  
HENDRICKS Circuit Court



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
HENDRICKS County

No. 237  
File 5-20-83  
Date of Application

**MALE**  
Medical Examination Report Dated 5-4-83  
Name of Physician Scudder

**FEMALE**  
Medical Examination Report Dated 5-4-83  
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 Richard P Marrs  
Date of Birth 12 14 1941  
Place of Birth (State or foreign country) St. Petersburg, Fla.  
Residence Address 4433 N. Richard St. Lawrence Martin Ind.

Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

6. List the full names of any dependent children.  
Morgan M. Marrs - custody  
Patricia McClain

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒  
If answer is "yes", it is required that this Application be 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 Clayton Marrs  
Residence of father (if deceased so state) Deceased  
Birthplace of father (State or foreign country) Kentucky  
9. Full maiden name of mother Ethel Ruth Perkins  
Residence of mother (if deceased so state) Shelbyville Indiana  
Birthplace of mother (State or foreign country) Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Richard K. Marrs

New Address 614 Locust Brownsburg Ind

Subscribed and sworn to before me this 20 day of May, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Vicki A Grigg Haycox  
Date of Birth 3 16 1942  
Place of Birth (State or foreign country) Indianapolis Ind.  
Residence Address 614 Locust Ln. Brownsburg Ind.

Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

6. List the full names of any dependent children.  
Elade Morgan Haycox

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Murray Wilson Grigg  
Residence of father (if deceased so state) B Brownsburg Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Francis Ruth Byrd  
Residence of mother (if deceased so state) B Brownsburg Ind.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Vicki A. Haycox

New Address 614 Locust Lane Brownsburg Ind

Subscribed and sworn to before me this 20 day of May, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_  
HENDRICKS County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed  
in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be 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 May, 1983, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Jerry R. Nash

hereby certify that on the 28th day of May,  
one thousand nine hundred and eighty-three at Brownsburg, County of Hendricks,  
State of Indiana, Groom Richard K. Marrs of Hendricks County, State of Indiana

and, Bride Vicki A. Haycox of Hendricks County, State of Indiana  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28th day of May, 1983

Signed/s/ Jerry R. Nash

Official Designation Pastor

31st day of May, 1983

Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 238

File

5-20-83  
Date of Application

MALE

Medical Examination Report Dated 5-6-83

Name of Physician Lewis C. Smith Jr.

FEMALE

Medical Examination Report Dated 5-6-83

Name of Physician Lewis C. Smith Jr.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Jack Middle Baker Last Baker  
Date of Birth Month 3 Day 21 Year 57  
Place of Birth (State or foreign country) Indianapolis, In.  
Residence Address 304 Park St. Plainfield, In.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 B. Baker Sr.  
Residence of father (if deceased so state) Clayton, In.  
Birthplace of father (State or foreign country) South Dakota  
9. Full maiden name of mother Betty Dean Elliott  
Residence of mother (if deceased so state) Clayton, In.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Jack Baker

New Address 204 Park St. Plainfield, IN

Subscribed and sworn to before me this 20th day of May, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_, Clerk

FEMALE APPLICANT

Name First Kathy Middle Fisher Last Fisher  
Date of Birth Month 1 Day 7 Year 1958  
Place of Birth (State or foreign country) Indianapolis, In.  
Residence Address 204 Park St. Plainfield, In.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father John Locke  
Residence of father (if deceased so state) Coatesville, In.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Vivian Crowe  
Residence of mother (if deceased so state) Coatesville, In.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Kathy Fisher

New Address 204 Park St. Plainfield, IN

Subscribed and sworn to before me this 20th day of May, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 27th day of May, 1983, authorizing the joining together as husband and wife Jack Baker and Katherine Lynn Fisher

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, James E. Gentry, hereby certify that on the 28th day of May, one thousand nine hundred and eighty-three at Bloomington, County of Monroe, State of Indiana, Groom Jack Baker of Hendricks County, State of Indiana and, Bride Katherine Lynn Fisher of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 28th day of May, 1983  
Signed /s/ James E. Gentry, Pastor  
United Methodist Church

Official Designation 1st day of June, 1983  
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
HENDRICKS County

No. 239  
File 5-20-83  
Date of Application

**MALE**  
Medical Examination Report Dated 5-16-83  
Name of Physician Paul Schaak

**FEMALE**  
Medical Examination Report Dated 5-16-83  
Name of Physician Paul 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 Wayne A. MacPherson  
Date of Birth 11/1/1955  
Place of Birth (State or foreign country) San Francisco, California  
Residence Address Rt 3, Box 341, Clayton, Ind. 46118  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☐ Other (Specify) Driver's License/ Pic.  
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.  
8. Full name of father Eugene A. MacPherson  
Residence of father (if deceased so state) Clayton, Indiana  
Birthplace of father (State or foreign country) Berre Haute, Ind.  
9. Full maiden name of mother Frances C. Van Borkom  
Residence of mother (if deceased so state) Clayton, Ind.  
Birthplace of mother (State or foreign country) Berre Haute, Ind.  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Wayne A. MacPherson  
New Address 4557 Locust Ln. Plainfield, Ind. 46168  
Subscribed and sworn to before me this 20th day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Brenda L. Amos  
Date of Birth 3/22/1954  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address 4557 Locust Lane, Plainfield, Ind. 46168  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☐ Other (Specify) Driver's License/ Pic.  
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.  
8. Full name of father Eugene A. MacPherson  
Residence of father (if deceased so state) Indianapolis, Ind.  
Birthplace of father (State or foreign country) Sandwich, Ind.  
9. Full maiden name of mother Abbona June Lindsey  
Residence of mother (if deceased so state) Deceased  
Birthplace of mother (State or foreign country) Paris, Illinois  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Brenda L. Amos  
New Address 4557 Locust Lane, Plainfield, Ind. 46168  
Subscribed and sworn to before me this 20th day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_  
HENDRICKS County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed  
in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ HENDRICKS Circuit Court  
of Indiana dated the 26th day of May, 1983, authorizing the joining together as husband and wife  
Wayne A. MacPherson and Brenda L. Amos  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, L. Ray Lynn hereby certify that on the 4th day of June  
one thousand nine hundred and eighty-three at Indianapolis  
State of Indiana, Groom Wayne A. MacPherson of Hendricks County, State of Indiana  
and, Bride Brenda L. Amos of Hendricks County, State of Indiana  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_  
County. Dated this 4th day of June, 1983.

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_

Signed /s/L. Ray Lynn  
Official Designation Minister  
7th day of June, 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. 240  
File  
May 23 1983  
Date of Application

MALE  
Medical Examination Report Dated 5-19-83  
Name of Physician David B. Haggard

FEMALE  
Medical Examination Report Dated 5-19-83  
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 James Middle Ware Last  
Date of Birth Month July Day 12 Year 1949  
Place of Birth (State or foreign country) Atlanta Georgia  
Residence Address Street or R. R. 722 N. Carr Rd. City Rfd. 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

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father James Jackie Ware  
Residence of father (if deceased so state) Plainfield, In  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Junita R. M. Brayer  
Residence of mother (if deceased so state) Plainfield, In  
Birthplace of mother (State or foreign country) Atlanta Georgia

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed James C. Ware  
New Address 722 North Carr Road  
Subscribed and sworn to before me this 23rd day of May, 1983  
Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:  
County of Hendricks

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk \_\_\_\_\_

FEMALE APPLICANT

Name First Peggy Middle Messer Last  
Date of Birth Month 10 Day 13 Year 1951  
Place of Birth (State or foreign country) Indianapolis In  
Residence Address Street or R. R. 9776 W. Wash St. City Hendricks 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

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Everett Eugene Lindsey  
Residence of father (if deceased so state) Plainfield, In  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Gertie Agnes Lawyer  
Residence of mother (if deceased so state) Plainfield, In  
Birthplace of mother (State or foreign country) Missouri

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Peggy Dina Messer  
New Address 9776 W. Washington Same  
Subscribed and sworn to before me this 23 day of May, 1983  
Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:  
County of Hendricks

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk \_\_\_\_\_

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior Court by written order issued 3 day waiver and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 23 day of May 1983 authorizing the joining together as husband and wife of James C. Ware and Peggy D. Messer.  
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 May, 1983, at Danville, Hendricks County, State of Indiana, Groom James C. Ware of Hendricks County, State of Indiana, and Bride Peggy D. Messer 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 May, 1983.  
Signed John C. Mowrer  
Official Designation Judge  
Signed Mary Jane Russell  
1983 Clerk Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of May, 1983.



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 241  
File. 5-23-83  
Date of Application

MALE  
Medical Examination Report Dated 5-16-83  
Name of Physician Kerlin

FEMALE  
Medical Examination Report Dated 5-16-83  
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 Roger Owen Hoffman  
Date of Birth Sept 8 1950  
Place of Birth (State or foreign country) Danville Ind. Hendricks  
Residence Address RR #3 Box 217 Danville Indiana  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father George Harmon Hoffman  
Residence of father (if deceased so state) Danville Ind.  
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Virginia P. Lamon  
Residence of mother (if deceased so state) Danville Ind.  
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Roger Hoffman  
New Address RR #1 Box 335 Danville, Ind.

Subscribed and sworn to before me this 23 day of May, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

FEMALE APPLICANT

Name Janet Gayle Waterman  
Date of Birth Oct 26 1961  
Place of Birth (State or foreign country) Indianapolis Indiana  
Residence Address RR #1 Box 335 Danville Hendricks Ind.  
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

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Donald Lee Waterman  
Residence of father (if deceased so state) Lebanon Ind.  
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Sandra Rae White  
Residence of mother (if deceased so state) Coatesville Ind.  
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Janet Gayle Waterman  
New Address RR #1 Box 335 Danville, Ind.

Subscribed and sworn to before me this 23 day of May, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed in \_\_\_\_\_ Court by written order issued \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the 27 day of May, 1983, authorizing the joining together as husband and wife of Roger Owen Hoffman and Janet Gayle Waterman

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 28th day of May, one thousand nine hundred and eighty-three at Avon, County of Hendricks, State of Indiana, Groom Roger Owen Hoffman of Hendricks County, State of Indiana and, Bride Janet Gayle Waterman of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ HENDRICKS County.

Dated this 28th day of May, 1983

Signed /s/Rev. William P. Hendricks

Official Designation Minister, Avon Christian Church

Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 242  
File May 23, 1983  
Date of Application

MALE  
Medical Examination Report Dated 5-17-83  
Name of Physician Robert Butler

FEMALE  
Medical Examination Report Dated 5-17-83  
Name of Physician Robert Butler

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

## MALE APPLICANT

Name Jeffrey Brian Surber  
Date of Birth Oct 18 1959  
Place of Birth (State or foreign country) Ind.  
Residence Address 1191 Lincoln St. Danville City Ind. County Ind. State Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☐ Other (Specify) Driver's License & Pic  
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.  
8. Full name of father Lawrence Surber  
Residence of father (if deceased so state) deceased  
Birthplace of father (State or foreign country) Ind.  
9. Full maiden name of mother Patsy Bluebaum  
Residence of mother (if deceased so state) Danville, Ind.  
Birthplace of mother (State or foreign country) Ind.  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS

Signed Jeffrey Surber  
New Address 1191 Lincoln St. Danville, IN  
Subscribed and sworn to before me this 23 day of May 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, HENDRICKS } ss:  
County of HENDRICKS  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk \_\_\_\_\_

## FEMALE APPLICANT

Name Teresa Marie Chappell  
Date of Birth July 19 1962  
Place of Birth (State or foreign country) Ind.  
Residence Address Box 200 Pittsboro City Ind. County Ind. State Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree  
☐ Other (Specify) \_\_\_\_\_  
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.  
8. Full name of father Jerry L. Chappell  
Residence of father (if deceased so state) Pittsboro, Ind.  
Birthplace of father (State or foreign country) Ind.  
9. Full maiden name of mother Leanna Chappell  
Residence of mother (if deceased so state) Pittsboro, Ind.  
Birthplace of mother (State or foreign country) Ind.  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS

Signed Teresa Chappell  
New Address 1191 Lincoln St. Danville, Ind.  
Subscribed and sworn to before me this 23 day of May 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, HENDRICKS } ss:  
County of HENDRICKS  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk \_\_\_\_\_

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed \_\_\_\_\_  
HENDRICKS County \_\_\_\_\_ Court by written order issued \_\_\_\_\_  
in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ HENDRICKS Circuit Court  
of Indiana dated the 27th day of May, 1983, authorizing the joining together as husband and wife  
of JEFFREY BRIAN SURBER and TERESA MARIE CHAPPELL  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, WILLIAM PAPPANO, hereby certify that on the 27th day of MAY, 1983,  
one thousand nine hundred and 83 at BROWNSBURG County of IND  
State of Indiana, Groom JEFFREY BRIAN SURBER of HENDRICKS County, State of IND  
and, Bride TERESA MARIE CHAPPELL of HENDRICKS County, State of IND  
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 27th day of MAY, 1983

Signed /s/ WILLIAM A. PAPPANO  
Official Designation CATHOLIC PRIEST, 1989  
10th day of MAY  
Signed Connie Lawen HENDRICKS Clerk  
Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
HENDRICKS County

No. 243  
File 5-2483  
Date of Application

**MALE**  
Medical Examination Report Dated 5-16-83  
Name of Physician Ryan

**FEMALE**  
Medical Examination Report Dated 5-16-83  
Name of Physician 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 James Velka Tasick  
Date of Birth June 13 1955  
Place of Birth (State or foreign country) Ind. Marion  
Residence Address 1611 Brookbrook plfd. Hendricks Ind.  
Previous Marital Status: Never Married ☐ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License.

- Are you now or have you ever been adjudged to be of unsound mind?  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

- Full name of father Chester Tasick  
Residence of father (if deceased so state) Ind.  
Birthplace of father (State or foreign country) Ind.
- Full maiden name of mother Virginia M. Mack  
Residence of mother (if deceased so state) Ind.  
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed John V. Tait

New Address 1925 High Eagle Tr. #853

Subscribed and sworn to before me this 25 day of May, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Borika Stanjevich  
Date of Birth Feb 16 1958  
Place of Birth (State or foreign country) Mexico, Yugoslavia  
Residence Address 1130 Canterbury Sq. Indpls Marion Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Passport - w/picture

- Are you now or have you ever been adjudged to be of unsound mind?  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

- Full name of father Lazar Stanjevich  
Residence of father (if deceased so state) Mexico, Yugoslavia  
Birthplace of father (State or foreign country) Yugoslavia
- Full maiden name of mother Milava Antunovich  
Residence of mother (if deceased so state) Yugoslavia  
Birthplace of mother (State or foreign country) Yugoslavia

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Borika Stanjevich

New Address 1925 High Eagle Tr. #853

Subscribed and sworn to before me this 25 day of May, 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, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the 21 day of May, 1983, authorizing the joining together as husband and wife of James Velka Tasick and Borika Stanjevich

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Father Borislav Teoarski, hereby certify that on the 25th day of June, 1983, at Indianapolis, County of Marion, State of Indiana, Groom James Velka Tasick and, Bride Borika Stanjevich of Marion County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County, \_\_\_\_\_ State of \_\_\_\_\_  
Dated this 25th day of June, 1983

Signed /s/ Rev. Borislav Teoarski

Official Designation Parrish Priest  
6th day of July, 1983

Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 244

File 5-25-83  
Date of Application

MALE  
Medical Examination Report Dated 5-24-83  
Name of Physician Scamahorn

FEMALE  
Medical Examination Report Dated 5-24-83  
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 Chris Allen Herbert  
Date of Birth Nov 13 1957  
Place of Birth (State or foreign country) Indiana  
Residence Address 390 N. 1000 E. B'burg Ind IN  
Previous Marital Status: Never Married ☐ OR ☐  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☒ Other (Specify) drivers lic  
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐  
4. Are you now under the influence of intoxicating liquor? 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 Nicole Herbert  
Jason Thomas Herbert  
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒  
If answer is "yes", it is required that this Application be 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 Herbert Herbert  
Residence of father (if deceased so state) Indpls.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Edna May Brown  
Residence of mother (if deceased so state) Indpls.  
Birthplace of mother (State or foreign country) Indiana  
State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Mildred Loraine Cummings  
New Address 390 N. 1000 E. #131 Brownsburg, IN

Subscribed and sworn to before me this 25 day of May 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, Hendricks } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

FEMALE APPLICANT

Name Mildred Loraine Cummings  
Date of Birth April 9 1962  
Place of Birth (State or foreign country) Indpls  
Residence Address 367 S. Woodrow 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)  
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐  
6. List the full names of any dependent children.  
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 G. Cummings  
Residence of father (if deceased so state) Indpls  
Birthplace of father (State or foreign country) Kentucky  
9. Full maiden name of mother Mildred L. Rodgers  
Residence of mother (if deceased so state) Indpls  
Birthplace of mother (State or foreign country) Indiana  
State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Chris A. Herbert  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 25 day of May 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, Hendricks } ss:  
County of

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court by written order issued 3 day waiver and filed in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_, 1983, authorizing the joining together as husband and wife of Indiana dated the 25 day of May

Chris Allen Herbert and Mildred Loraine Cummings  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Edward Dean Dickinson hereby certify that on the 28th day of May  
one thousand nine hundred and eighty-three at Indianapolis  
State of Indiana, Groom Chris Allen Herbert County, State of Indiana  
and, Bride Mildred Loraine Cummings 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 28th day of May 1983  
Signed /s/ Edward Dean Dickinson  
Official Designation Minister of Gospel June 1983  
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1983



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
HENDRICKS County

No. 245  
File 5-25-83  
Date of Application

**MALE**  
Medical Examination Report Dated 5-13-83  
Name of Physician Black

**FEMALE**  
Medical Examination Report Dated 5-13-83  
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 Harold A. Reece  
Date of Birth September 13 1953

Place of Birth (State or foreign country) Indiana  
Residence Address 3431 Hunt Street Indianapolis Hendricks IN

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's Lic. w picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Howard A. Reece Sr.

Residence of father (if deceased so state) 1894 Gold Creek Rd, Mooresville

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Jane Ellen Watt

Residence of mother (if deceased so state) Mooresville, IN

Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Harold A. Reece  
New Address 3431 Hunt St. Indpls. In.

Subscribed and sworn to before me this 25 day of May, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 15 day of June, 1983, authorizing the joining together as husband and wife of Harold A. Reece and Patricia A. Kennedy

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Dewey A. Thackston hereby certify that on the 4th day of June

one thousand nine hundred and eighty-three at Plainfield, County of Hendricks

State of Indiana, Groom Harold A. Reece of Hendricks County, State of Indiana

and, Bride Patricia A. Kennedy of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 4th day of June, 1983

Signed /s/ Dewey A. Thackston  
Official Designation Minister of the Gospel

9th day of June, 1983

Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_

**FEMALE APPLICANT**

Name Patricia A. Kennedy  
Date of Birth June 6 1953

Place of Birth (State or foreign country) Indiana

Residence Address 3431 Hunt St. Indianapolis Hendricks IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's 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 Walter Allen Gibson Sr.

Residence of father (if deceased so state) RR1 Box 77 North Salem IN

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Mildred Louise Packer

Residence of mother (if deceased so state) North Salem, IN

Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Patricia A. Kennedy  
New Address 3431 Hunt St. Indpls. In.

Subscribed and sworn to before me this 25 day of May, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
Clerk



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 246

File

5-25-83  
Date of Application

MALE

Medical Examination Report Dated 5-20-83

Name of Physician Rogers

FEMALE

Medical Examination Report Dated 5-21-83

Name of Physician Rogers

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Jeffrey Wayne Smith  
Date of Birth June 10 1962  
Place of Birth (State or foreign country) Indiana  
Residence Address RR Box 142A Stilesville Hendricks IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Dale Robert Smith  
Residence of father (if deceased so state) Stilesville, IN  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Casol Ann Topie  
Residence of mother (if deceased so state) Stilesville, IN  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Jeffrey W. Smith

New Address 1045 W. Main Pl. Springfield, IN 46581

Subscribed and sworn to before me this 25 day of May, 1983  
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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

FEMALE APPLICANT

Name Angela Marie Chambers  
Date of Birth September 9 1962  
Place of Birth (State or foreign country) Indiana  
Residence Address RR Box 469C Clayton Hendricks IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Bernard Lee Chambers  
Residence of father (if deceased so state) Clayton, IN  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Sharon K. McWethy  
Residence of mother (if deceased so state) Clayton, IN  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Angela Chambers

New Address 1045 W. Main Pl. Springfield, IN 46581

Subscribed and sworn to before me this 25 day of May, 1983  
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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed \_\_\_\_\_  
HENDRICKS County \_\_\_\_\_ Court by written order issued \_\_\_\_\_

in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_, 1983, authorizing the joining together as husband and wife of Indiana dated the \_\_\_\_\_ day of June

Jeffrey W. Smith and Angela Marie Chambers

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

Tom McGilliard hereby certify that on the 4th day of June Hendricks County of Indiana

one thousand nine hundred and eighty-three at Clayton County, State of Indiana

State of Indiana, Groom Jeffrey Wayne Smith of Hendricks County, State of Indiana

and, Bride Angela Marie Chambers of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 4th day of June, 1983

Signed Tom McGilliard Minister

Official Designation June, 1983

Signed Mary Jane Russell HENDRICKS Clerk Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1983



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 247

File May 26, 1983

Date of Application

MALE  
Medical Examination Report Dated 5-23-83  
Name of Physician D. H. Gilkey

FEMALE  
Medical Examination Report Dated 5-23-83  
Name of Physician D. H. Gilkey

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name L. C. Wolf  
Date of Birth May 24 1939  
Place of Birth (State or foreign country) Ky  
Residence Address 580 Morris St Plainfield Ind  
Previous Marital Status: Never Married ☐ OR ☒  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lincise  
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐  
6. List the full names of any dependent children.  
Billy Jr Wolf

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Wolf  
Residence of father (if deceased so state) Scottsville, Ky  
Birthplace of father (State or foreign country) Ky

9. Full maiden name of mother Rosie Newton  
Residence of mother (if deceased so state) deceased  
Birthplace of mother (State or foreign country) Ky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed L.C. Wolf  
New Address 580 W. Morris Plainfield, Ind

Subscribed and sworn to before me this 26 day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_, Clerk

FEMALE APPLICANT

Name Dorothea L. Hardesty  
Date of Birth Aug 7 1952  
Place of Birth (State or foreign country) Ind  
Residence Address 580 W. Morris St Plainfield Ind  
Previous Marital Status: Never Married ☒ OR ☐  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Dr. Lincise

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Clayd Hardesty  
Residence of father (if deceased so state) Indpls, Ind  
Birthplace of father (State or foreign country) Ind

9. Full maiden name of mother Dorothy Fleitz  
Residence of mother (if deceased so state) Indpls, Ind  
Birthplace of mother (State or foreign country) Ind

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Dorothea L. Hardesty  
New Address 580 W. Morris Plainfield, Ind

Subscribed and sworn to before me this 26 day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the 31 day of May, 1983, authorizing the joining together as husband and wife

L.C. WOLF and DOROTHEA L. HARDESTY  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DAVID H. BOBO hereby certify that on the 3 day of June

one thousand nine hundred and EIGHTY THREE at INDIANAPOLIS, County of MARION

State of Indiana, Groom L.C. WOLF of HENDRICKS County, State of INDIANA

and, Bride DOROTHEA L. HARDESTY of MARION County, State of INDIANA

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 3rd day of June, 1983

Signed /s/ David H. Bobo

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of June, 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. 248  
File 5-26-83  
Date of Application

MALE  
Medical Examination Report Dated 5-23-83  
Name of Physician Robert E. Brubeck

FEMALE  
Medical Examination Report Dated 5-23-83  
Name of Physician Robert E. Brubeck

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

## MALE APPLICANT

Name Russell Martin Malott  
Date of Birth Aug. 1 1960  
Place of Birth (State or foreign country) Middletown, Ohio  
Residence Address Box 136, Stilesville, Indiana  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Darrell Wayne Malott  
Residence of father (if deceased so state) Stilesville, Ind.  
Birthplace of father (State or foreign country) Ohio  
9. Full maiden name of mother Kathleen Sugate  
Residence of mother (if deceased so state) Stilesville, Ind.  
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Russell Martin Malott

New Address General Delivery, Stilesville, Ind. 46780

Subscribed and sworn to before me this 26 day of May, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed in \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 3 day of June, 1983, authorizing the joining together as husband and wife of RUSSELL MARTIN MALOTT and DEBRA SUE KUKMAN.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, CHARLES SEXTON, hereby certify that on the 11th day of June, 1983, at MARTINSVILLE, County of Morgan, State of INDIANA, Groom RUSSELL M. MALOTT, of HENDRICKS County, State of INDIANA, and, Bride DEBRA SUE KUKMAN, of MORGAN County, State of INDIANA, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.

Dated this 11 day of June, 1983.  
Signed /s/ Charles Sexton  
Pastor

Official Designation \_\_\_\_\_, 1983  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of June, 1983.

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. 249  
File May 26, 1983  
Date of Application

**MALE**  
Medical Examination Report Dated 5-19-83  
Name of Physician Garret Harris

**FEMALE**  
Medical Examination Report Dated 5-19-83  
Name of Physician Garret 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 Mark Edward Wroten  
Date of Birth Oct 22 1960  
Place of Birth (State or foreign country) Ind.  
Residence Address 24 S 400 E Danville Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Wroten  
Residence of father (if deceased so state) Danville, Ind.  
Birthplace of father (State or foreign country) Ind.  
9. Full maiden name of mother Albert A. Minkner  
Residence of mother (if deceased so state) Danville Ind.  
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Mark Wroten  
New Address 1009 W Washington S.E.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
Clerk \_\_\_\_\_

**FEMALE APPLICANT**

Name Misti Jo Yates  
Date of Birth Nov 7 1964  
Place of Birth (State or foreign country) Ind.  
Residence Address 3950 Budget Rd Indianapolis Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Yates  
Residence of father (if deceased so state) Indpls - Ind.  
Birthplace of father (State or foreign country) Ind.  
9. Full maiden name of mother Joyce Datsone  
Residence of mother (if deceased so state) Indpls. Ind.  
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Misti Yates  
New Address 1009 W Washington

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
Clerk \_\_\_\_\_

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the 31st day of May, 1983, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
1, Ken D. Norris hereby certify that on the 4th day of June, 1983, at Indpls., County of Marion, State of Ind., Groom Mark Wroten and, Bride Misti J. Yates 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 4 day of June, 1983.  
Signed Ken D. Norris  
Official Designation Pastor  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1983.



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 250

File

5-26-83  
Date of Application

**MALE**  
Medical Examination Report Dated 5-19-83  
Name of Physician Darnet R. Harris

**FEMALE**  
Medical Examination Report Dated 5-19-83  
Name of Physician Darnet R. Harris

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

## MALE APPLICANT

Name First Darry Middle M. Last Bridger  
Date of Birth Month 7 Day 19 Year 1956  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address RR #2, Box 147C, Camby, Ind. 46113  
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 4/Pi

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
- If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Claude Eugene Bridger

Residence of father (if deceased so state): Apok, Indiana

Birthplace of father (State or foreign country): Indianapolis, Ind.

9. Full maiden name of mother: Judith Ann McWilliams

Residence of mother (if deceased so state): Indianapolis, Ind.

Birthplace of mother (State or foreign country): Indianapolis, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ray M. Hader

New Address: RR #2, Box 147C Camby, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed in \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_

## 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 \_\_\_\_\_ 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: \_\_\_\_\_ day of \_\_\_\_\_

I, \_\_\_\_\_ hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, County of \_\_\_\_\_

one thousand nine hundred and \_\_\_\_\_ at \_\_\_\_\_ County, State 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 \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_ Signed \_\_\_\_\_

Official Designation \_\_\_\_\_, 19\_\_\_\_ Clerk

Signed \_\_\_\_\_ HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_

Signed \_\_\_\_\_ HENDRICKS Circuit Court

Signed \_\_\_\_\_ HENDRICKS Circuit Court

Signed \_\_\_\_\_ HENDRICKS Circuit Court

Signed \_\_\_\_\_ HENDRICKS Circuit Court

Signed \_\_\_\_\_ HENDRICKS Circuit Court

Signed \_\_\_\_\_ HENDRICKS Circuit Court

Signed \_\_\_\_\_ HENDRICKS Circuit Court

Signed \_\_\_\_\_ HENDRICKS Circuit Court

Signed \_\_\_\_\_ HENDRICKS Circuit Court

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. 251

File

5-26-83  
Date of Application

MALE  
Medical Examination Report Dated 5-16-83  
Name of Physician Scamahorn

FEMALE  
Medical Examination Report Dated 5-16-83  
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 John Middle W. Last Evans  
Date of Birth Month 9 Day 9 Year 1950  
Place of Birth (State or foreign country) Indianapolis Ind.  
Residence Address Street or R. R. RR 3 Box 309 City Danville County Hendricks State Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.  
Douglas D. Evans

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: George W. Evans  
Residence of father (if deceased so state): Orlando, Fla  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Helen B. Riggs  
Residence of mother (if deceased so state): Orlando, Fla  
Birthplace of mother (State or foreign country): Tennessee

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: John W. Evans  
New Address: Same

Subscribed and sworn to before me this 26 day of March, 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, HENDRICKS } ss:  
County of

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1983  
Clerk

FEMALE APPLICANT

Name First Linda Middle D. Last Phillips  
Date of Birth Month 3 Day 19 Year 1952  
Place of Birth (State or foreign country) Greencastle Ind.  
Residence Address Street or R. R. RR 3 Box 309 City Danville County Hendricks State Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Leon K. Phillips  
Residence of father (if deceased so state): Greencastle Ind.  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Virginia J. Bell  
Residence of mother (if deceased so state): Greencastle Ind.  
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Linda D. Phillips  
New Address: Same

Subscribed and sworn to before me this 26 day of May, 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, HENDRICKS } ss:  
County of

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1983  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 June, 1983, authorizing the joining together as husband and wife of John W. Evans and Linda D. Phillips

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Fred Campbell hereby certify that on the 18th day of June, one thousand nine hundred and eighty-three at Indianapolis, County of Marion, State of Indiana, Groom John W. Evans and, Bride Linda D. Phillips of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.  
Dated this 1st day of June, 1983

Signed: /s/ Fred Campbell

Official Designation: Reverend

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of June, 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. 252

File

5-26-83

Date of Application

MALE

Medical Examination Report Dated 5-20-83

Name of Physician Morsetto

FEMALE

Medical Examination Report Dated 5-7-83

Name of Physician Wusler

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Dishman  
Date of Birth Month 12 Day 23 Year 1948

Place of Birth (State or foreign country) New Castle Ind.

Residence Address 1013 Valley View Dr 1 Apt Hend Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.  
Matthew Allen Dishman

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Felix Staton Dishman  
Residence of father (if deceased so state) New Castle Ind.

Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Lovie Pauline Madison  
Residence of mother (if deceased so state) Deceased

Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Daniel A. Dishman

New Address same

Subscribed and sworn to before me this 26th day of May, 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, HENDRICKS } ss:  
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First Melanie Middle K. Rodenbeck Last Lester  
Date of Birth Month 9 Day 30 Year 1959

Place of Birth (State or foreign country) Indpls Ind.

Residence Address 1013 Valley View Dr 1 Apt Hend Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☒  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☒
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☒
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☒
- Are you now under the influence of a narcotic drug? No ☐ Yes ☒
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Don Christian Rodenbeck  
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 Patricia Jane Knight  
Residence of mother (if deceased so state) B'burg Ind.

Birthplace of mother (State or foreign country) Indpls Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Melanie K. Rodenbeck

New Address same

Subscribed and sworn to before me this 26th day of May, 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, HENDRICKS } ss:  
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court by written order issued 3 day waiver and filed in Clerk 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 County, 1983, authorizing the joining together as husband and wife of Indiana dated the 27th day of May

Be it further remembered, the following marriage certificate was filed in my office, to-wit: David A. Dishman and Melanie K. Rodenbeck Lester

I, John Hesseldenz hereby certify that on the 27th day of May, 1983, at Indianapolis, County of Marion, State of Indiana, Groom David A. Dishman of Hendricks County, State of Indiana, and, Bride Melanie K. Rodenbeck Lester 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 May, 1983

Signed /s/ John Hesseldenz

Judge

Official Designation May 1983

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 31st day of May, 1983



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
HENDRICKS County

No. 253  
File May 26 1983  
Date of Application

**MALE**  
Medical Examination Report Dated 5-23-83  
Name of Physician Garret R. Harris

**FEMALE**  
Medical Examination Report Dated 5-23-83  
Name of Physician Garret R. Harris

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

**MALE APPLICANT**

Name Mark Lee Curry  
Date of Birth October 16 1962  
Place of Birth (State or foreign country) Kentucky  
Residence Address 6535 Hwy. 10, Indpls  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Lee Curry  
Residence of father (if deceased so state) Indianapolis, Ind.  
Birthplace of father (State or foreign country) Kentucky  
9. Full maiden name of mother Rachel Whit  
Residence of mother (if deceased so state) Indpls.  
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Mark Lee Curry  
New Address 3665 Jefferson

Subscribed and sworn to before me this 26 day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Kimberly Diane Donaldson  
Date of Birth September 28 1965  
Place of Birth (State or foreign country) Madison, Ind.  
Residence Address 366 S. Jefferson  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Eugene Ware  
Residence of father (if deceased so state) Indianapolis, Ind.  
Birthplace of father (State or foreign country) Indiana  
9. Full maiden name of mother Dorothy Stanford  
Residence of mother (if deceased so state) Danville, Ind.  
Birthplace of mother (State or foreign country) Marion, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Kimberly Diane Donaldson  
New Address 3665 S. Jefferson

Subscribed and sworn to before me this 26 day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_  
HENDRICKS County Superior Court by written order issued 30 Day Waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_  
of Indiana dated the 27th day of May, 1983, authorizing the joining together as husband and wife  
Mark Lee Curry and Kimberly Diane Donaldson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer hereby certify that on the 27th day of May,  
one thousand nine hundred and eighty-three at Danville, County of Hendricks  
State of Indiana, Groom Mark Lee Curry of Marion County, State of Indiana  
and, Bride Kimberly Diane Donaldson of Hendricks County, State of Indiana  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_  
County. Dated this 27th day of May, 1983.

Signed /s/ John C. Mowrer

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 31st day of May, 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

No. 254  
File May 27, 1983  
Date of Application

**MALE**  
Medical Examination Report Dated 5-26-83  
Name of Physician Hauell

**FEMALE**  
Medical Examination Report Dated 5-21-83  
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 Ronald S. Taylor  
Date of Birth February 05 1963  
Place of Birth Indiana  
Residence Address RR 4 Box 69 Linton Hendricks IN  
Previous Marital Status: Never Married ☒ OR ☐  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
- Are you now or have you ever been adjudged to be of unsound mind?  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Ronald S. Taylor  
Residence of father (if deceased so state): North Salem, IN  
Birthplace of father (State or foreign country): Crawfordsville, IN  
9. Full maiden name of mother: Carolyn Sue Robinson  
Residence of mother (if deceased so state): North Salem, IN  
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ronald S. Taylor  
New Address RR 4 Box 69 Linton  
Subscribed and sworn to before me this 31 day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed in \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the 31 day of May, 1983, authorizing the joining together as husband and wife of Ronald S. Taylor and Marcia L. Holt.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, James M. Lynn hereby certify that on the 4th day of June, one thousand nine hundred and eighty-three at Roachdale County of Putnam State of Indiana, Groom Ronald S. Taylor of Hendricks County, State of Indiana and, Bride Marcia Lynn Holt of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 4th day of June, 1983

Signed /s/James M. Lynn Minister  
Official Designation June, 1983  
Signed /s/Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_

## FEMALE APPLICANT

Name Marcia Lynn Holt  
Date of Birth November 20 1963  
Place of Birth Indiana  
Residence Address 8 Maple St #5 Brownsburg IN  
Previous Marital Status: Never Married ☒ OR ☐  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
- Are you now or have you ever been adjudged to be of unsound mind?  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
  - Are you afflicted with a transmissible disease? No ☐ Yes ☐
  - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: John David Holt  
Residence of father (if deceased so state): Crawfordsville, IN  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Margie Jean Burns  
Residence of mother (if deceased so state): Brownsburg, IN  
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Marcia Lynn Holt  
New Address Box 60, Linton, IN  
Subscribed and sworn to before me this 27 day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
HENDRICKS County

No. 255  
File May 27, 1983  
Date of Application

**MALE**  
Medical Examination Report Dated 5-25-83  
Name of Physician Wm. Edwards

**FEMALE**  
Medical Examination Report Dated 5-26-83  
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 Mark A. Campbell  
Date of Birth July 30, 1957  
Place of Birth (State or foreign country) Indiana  
Residence Address 413 Linden Lane, Shelbyville, IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) divorced (petition)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Mark A. Campbell  
Residence of father (if deceased so state): Shelbyville, IN  
Birthplace of father (State or foreign country): Indiana  
9. Full maiden name of mother: Mary Jane Vest  
Residence of mother (if deceased so state): Shelbyville, IN  
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mark A. Campbell  
New Address 413 Linden Lane

Subscribed and sworn to before me this 27 day of May, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

**FEMALE APPLICANT**

Name Patsy Y. Keeton  
Date of Birth July 4, 1961  
Place of Birth (State or foreign country) Indiana  
Residence Address R.R. 1 Box 385, Clayton, IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Milton Keeton  
Residence of father (if deceased so state): Clayton, IN  
Birthplace of father (State or foreign country): Kentucky  
9. Full maiden name of mother: Eliza Suzanne Dean  
Residence of mother (if deceased so state): Clayton, IN  
Birthplace of mother (State or foreign country): Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Patsy Y. Keeton  
New Address 413 Linden Lane

Subscribed and sworn to before me this 27 day of May, 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, HENDRICKS } ss:

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 31 day of May, 1983, authorizing the joining together as husband and wife of Mark A. Campbell and Patsy Y. Keeton

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ronald D. Riley hereby certify that on the 4th day of June, one thousand nine hundred and eighty-three at Mooreville, County of Morgan, State of Indiana, Groom Mark A. Campbell of Hendricks County, State of Indiana and, Bride Patsy Y. 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 31st day of May, 1983

Signed /s/ Rev. Ronald D. Riley

Official Designation Baptist Minister 7th day of June, 1983

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 256  
File 5-27-83  
Date of Application

**MALE**  
Medical Examination Report Dated 5-24-83  
Name of Physician Nichols

**FEMALE**  
Medical Examination Report Dated 5-25-83  
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 Richard Charles Lark  
Date of Birth November 9 1943  
Place of Birth (State or foreign country) Indpls Ind.  
Residence Address RR#1 Box 174A Linton Hendricks Ind.  
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.

**FEMALE APPLICANT**  
Name Deborah Louise Roberson  
Date of Birth Sept. 23 1952  
Place of Birth (State or foreign country) Indpls Ind.  
Residence Address RR#1 Box 174A Linton Hendricks Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree  
☒ Other (Specify) Driver's License  
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.  
8. Full name of father Ralph John Lark  
Residence of father (if deceased so state) Ind.  
Birthplace of father (State or foreign country) Ind.  
9. Full maiden name of mother Margaret S. Koers  
Residence of mother (if deceased so state) deceased  
Birthplace of mother (State or foreign country) Ind.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.  
8. Full name of father James Weston Green  
Residence of father (if deceased so state) deceased  
Birthplace of father (State or foreign country) Ky.  
9. Full maiden name of mother Mary Gertrude Howard  
Residence of mother (if deceased so state) Ind.  
Birthplace of mother (State or foreign country) Texas

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed Richard C Lark  
New Address RR1 Box 174A Linton Ind 46149  
Subscribed and sworn to before me this 27 day of May, 1983  
Mary Jane Russell Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed Deborah L. Roberson  
New Address RR#1 Box 174A Linton Ind 46149  
Subscribed and sworn to before me this 27 day of May, 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, HENDRICKS } ss:  
County of HENDRICKS  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**CONSENT OF PARENTS, PARENT OR GUARDIAN**  
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  
State of Indiana, HENDRICKS } ss:  
County of HENDRICKS  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed \_\_\_\_\_  
HENDRICKS County \_\_\_\_\_ Court by written order issued \_\_\_\_\_  
in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE** HENDRICKS Circuit Court  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_  
of Indiana dated the 1st day of June, 1983, authorizing the joining together as husband and wife  
Richard Charles Lark and Deborah Louise Roberson  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Charlotte R. Kemnitz hereby certify that on the 10th day of June  
one thousand nine hundred and eighty-three at Indianapolis County of Marion  
State of Indiana, Groom Richard Charles Lark of Hendricks County, State of Indiana  
and, Bride Deborah Louise Roberson of Hendricks County, State of Indiana  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_  
County.  
Dated this 10th day of June, 1983  
Signed /s/Charlotte R. Kemnitz  
Judge, Marion County Small Claims Ct  
Official Designation June, 1983  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of June, 1983



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**  
HENDRICKS County

No. 257  
File 5-27-83  
Date of Application

**MALE**  
Medical Examination Report Dated 5-14-83  
Name of Physician Walker

**FEMALE**  
Medical Examination Report Dated 5-14-83  
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 Timothy John Danube  
Date of Birth Oct 10 1960  
Place of Birth (State or foreign country) Wisconsin  
Residence Address Cedarville College Cedarville Green OH  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be 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 Danube  
Residence of father (if deceased so state) deceased  
Birthplace of father (State or foreign country) W. Virginia  
9. Full maiden name of mother Dorothy Weirich  
Residence of mother (if deceased so state) Wisconsin  
Birthplace of mother (State or foreign country) Wisconsin

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Timothy John Danube  
New Address 3505 N. RYBOLT APT. C Indianapolis Indiana

Subscribed and sworn to before me this 27 day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Clerk

**FEMALE APPLICANT**

Name Derena Lynn Furnas  
Date of Birth May 31 1963  
Place of Birth (State or foreign country) Illinois  
Residence Address 1400 E 700 N Brownsburg, IN  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐  
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Larry Dean Furnas  
Residence of father (if deceased so state) Brownsburg, IN  
Birthplace of father (State or foreign country) Illinois  
9. Full maiden name of mother Dorothy Gay Lloyd  
Residence of mother (if deceased so state) Brownsburg, IN  
Birthplace of mother (State or foreign country) Illinois

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Derena Lynn Furnas  
New Address 3505 N. RYBOLT APT C Indianapolis IN

Subscribed and sworn to before me this 1st day of June, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 1st day of June, 1983, authorizing the joining together as husband and wife

of Timothy John Danube and Derena Lynn Furnas  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Donald Syler, hereby certify that on the 11th day of June

one thousand nine hundred and eighty-three at Brownsburg, County of Ind

State of Indiana, Groom Timothy J. Danube of Sauk County, State of IN

and, Bride Derena L. Furnas 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 11 day of June, 1983.

Signed Rev. Donald Syler

Official Designation Baptist Minister

Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of June, 1983.



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 258

File

Date of Application  
5-31-83

## MALE

Medical Examination Report Dated 5-13-83  
Name of Physician James Black, M.D.

## FEMALE

Medical Examination Report Dated 5-13-83  
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 David Middle Keith Last Henline  
Date of Birth Month 4 Day 7 Year 1962  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address Street or R. R. 2206 E. Main City Indianapolis 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)

- Are you now or have you ever been adjudged to be of unsound mind?  
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Richard Keith Henline  
Residence of father (if deceased so state) Indianapolis, In.  
Birthplace of father (State or foreign country) Unknown  
9. Full maiden name of mother Carol Ann Painter  
Residence of mother (if deceased so state) Calgary, In.  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.  
County of

Signed David Keith Henline  
New Address 2206 E. Main St Danville

Subscribed and sworn to before me this 31st day of May, 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, HENDRICKS ss:  
County of  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name First Anne Middle Marie Last Walters  
Date of Birth Month 9 Day 22 Year 1962  
Place of Birth (State or foreign country) Cuyahoga Co. Cleveland Ohio  
Residence Address Street or R. R. 15 S. Bulwark St. City Indianapolis 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)

- Are you now or have you ever been adjudged to be of unsound mind?  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father James Richard Walters  
Residence of father (if deceased so state) Indianapolis, In.  
Birthplace of father (State or foreign country) Del City, Penn.  
9. Full maiden name of mother Roseella Elizabeth Zacherl  
Residence of mother (if deceased so state) Indianapolis, In.  
Birthplace of mother (State or foreign country) Del City, Penn.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.  
County of

Signed Anne Marie Walters  
New Address 2206 E. Main St Danville

Subscribed and sworn to before me this 31st day of May, 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, HENDRICKS ss:  
County of  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the  
HENDRICKS County Court by written order issued \_\_\_\_\_ and filed  
in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ of Indiana dated the 6th day of June, 1983, authorizing the joining together as husband and wife  
David Keith Henline and Anne Marie Walters

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. John M. Hall hereby certify that on the 25th day of June  
one thousand nine hundred and eighty-three at Brownsburg County of Hendricks  
State of Indiana, Groom David Keith Henline County, State of Indiana  
and, Bride Anne Marie Walters of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of  
County.  
Dated this 25th day of June, 1983

Signed /s/ Rev. John M. Hall  
Official Designation Catholic Priest, 1983  
5th day of July  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
**APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

No. 259  
File \_\_\_\_\_  
Date of Application 5-31-83

**MALE**  
Medical Examination Report Dated 5-26-83  
Name of Physician Beatty

**FEMALE**  
Medical Examination Report Dated 5-16-83  
Name of Physician Beatty

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

**MALE APPLICANT**

Name Gary Lee Hardwick  
Date of Birth July 24 1958  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address R.R. #1 Box 168 Danville Hendricks Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐  
If answer is "yes", it is required that this Application be 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 Lewis Hardwick  
Residence of father (if deceased so state): Ind.  
Birthplace of father (State or foreign country): Ind.  
9. Full maiden name of mother: Connie Sue Butler  
Residence of mother (if deceased so state): Ind.  
Birthplace of mother (State or foreign country): Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Gary Hardwick  
New Address R1 Box 168 DANVILLE

Subscribed and sworn to before me this 31 day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Patricia Yvonne Beck  
Date of Birth September 10 1959  
Place of Birth (State or foreign country) Indiana  
Residence Address R.R. #1 Box 191 Danville Hendricks Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Walter Thomas Beck  
Residence of father (if deceased so state): deceased  
Birthplace of father (State or foreign country): North Carolina  
9. Full maiden name of mother: Eddie Jean Pierce  
Residence of mother (if deceased so state): Ind.  
Birthplace of mother (State or foreign country): North Carolina

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Patricia Y. Beck  
New Address R. 1 Box 168 Danville, Ind. 461

Subscribed and sworn to before me this 31 day of May, 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, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father

Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_  
HENDRICKS County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_  
authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 4 day of June, 1983, authorizing the joining together as husband and wife of Gary Lee Hardwick and Patricia Yvonne Beck

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. William P. Hendricks hereby certify that on the 4th day of June, one thousand nine hundred and eighty-three at Avon, County of Hendricks, State of Indiana, Groom Gary Lee Hardwick of Hendricks County, State of Indiana and, Bride Patricia Yvonne Beck of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.  
Dated this 4th day of June, 1983.

Signed /s/Rev. William P. Hendricks  
Official Designation Pastor, Avon Christian Church  
9th day of June, 1983

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Signed Mary Jane Russell Clerk  
HENDRICKS Circuit Court