

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 260
File 5-31-83
Date of Application

MALE
Medical Examination Report Dated 5-18-83
Name of Physician Bruce E. Beatty MD.

FEMALE
Medical Examination Report Dated 5-18-83
Name of Physician Bruce E. Beatty 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 Kevin Tri
Date of Birth Aug 9 1961
Place of Birth (State or foreign country) Lebanon 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 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 Albert T. Tri
Residence of father (if deceased so state) Brownsburg, In.
Birthplace of father (State or foreign country) Minnesota

9. Full maiden name of mother Joan Fitz
Residence of mother (if deceased so state) Brownsburg, In.
Birthplace of mother (State or foreign country) Ill.

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

Signed Kevin J. Tri
New Address 870 Apt C Wyckford Dr.
Subscribed and sworn to before me this 31 day of May, 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 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 6th day of June, 1983, authorizing the joining together as husband and wife of Kevin J. Tri and Leslie A. Lael
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 17th day of June, 1983, County of Hendricks, State of Indiana
one thousand nine hundred and eighty-three at Brownsburg County, State of Indiana
State of Indiana, Groom Kevin J. Tri of Hendricks County, State of Hendricks
and, Bride Leslie A. Lael 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 17th day of June, 1983

Signed /s/ Rev. John M. Hall
Official Designation Catholic Priest
June 1983
Signed 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. 261
File _____
Date of Application 5-31-83

MALE
Medical Examination Report Dated 5-18-83
Name of Physician Haggard

FEMALE
Medical Examination Report Dated 5-18-83
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 Ray Wayne Campbell
Date of Birth May 10 1954
Place of Birth (State or foreign country) Ind.
Residence Address 614 Lakeside Dr. Plainfield Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

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

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

8. Full name of father Ray Wayne Campbell Jr.

Residence of father (if deceased so state) Ind.

Birthplace of father (State or foreign country) Ill.

9. Full maiden name of mother Freda Irene Wjick

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 Ray W. Campbell Jr.

New Address 614 Lakeside Dr. PKD.

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 _____
of Indiana dated the 6th day of June, 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. John P. Roof and Debra Ann Lander

one thousand nine hundred and eighty-three hereby certify that on the 11th day of June

State of Indiana, Groom Ray Wayne Campbell, Jr. at Danville, County of Hendricks

and, Bride Debra Ann Lander of Hendricks County, State of Indiana

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. John P. Roof

Official Designation Episcopal Priest
13th 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. 262

File

5-31-83

Date of Application

MALE

Medical Examination Report Dated 5-27-83

Name of Physician Donald J. Kerner MD.

FEMALE

Medical Examination Report Dated 5-31-83

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 Robert Neilson
Date of Birth 4 19 1960
Place of Birth Springfield Ill
Residence Address 649 Mount Rainier, 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) Drivers License

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

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

8. Full name of father: Jack C. Neilson
Residence of father (if deceased so state): Indpls. In.
Birthplace of father (State or foreign country): Ill.

9. Full maiden name of mother: Kathleen Ulrich
Residence of mother (if deceased so state): Indpls. In.
Birthplace of mother (State or foreign country): Wisconsin

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

Signed Robert K. Neilson
New Address: 7440 Waterfront Dr. Indpls.

Subscribed and sworn to before me this 31st day of May, 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 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 7 day of June, 1983, authorizing the joining together as husband and wife of ROBERT K. NEILSON and NANCY E. POWERS.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, D. ALAN RUMBLE hereby certify that on the 11 day of June, 1983, at DANVILLE, County of HENDRICKS, State of INDIANA, Groom ROBERT KEITH NEILSON of MARION County, State of INDIANA, and, Bride NANCY ELIZABETH POWERS of HENDRICKS County, State of INDIANA, 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/ D. Alan Rumble
Official Designation: Minister _____, 1983
Signed Mary Jane Russell HENDRICKS Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of June, 1983

_____ Clerk

FEMALE APPLICANT

Name Nancy Elizabeth Powers
Date of Birth April 22 1959
Place of Birth Indpls. Ind.
Residence Address 840 Sunset, 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

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

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

8. Full name of father: Robert Charles Powers
Residence of father (if deceased so state): deceased
Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Ruth Allison
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 HENDRICKS

Signed Nancy Elizabeth Powers
New Address: 7440 Waterfront Dr. #111 Indpls. IN

Subscribed and sworn to before me this 7 day of June, 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 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 7 day of June, 1983, authorizing the joining together as husband and wife of ROBERT K. NEILSON and NANCY E. POWERS.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, D. ALAN RUMBLE hereby certify that on the 11 day of June, 1983, at DANVILLE, County of HENDRICKS, State of INDIANA, Groom ROBERT KEITH NEILSON of MARION County, State of INDIANA, and, Bride NANCY ELIZABETH POWERS of HENDRICKS County, State of INDIANA, 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/ D. Alan Rumble
Official Designation: Minister _____, 1983
Signed Mary Jane Russell HENDRICKS Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of June, 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. 243
File 6-1-83
Date of Application

MALE
Medical Examination Report Dated _____
Name of Physician _____

FEMALE
Medical Examination Report Dated 5-20-83
Name of Physician Hibner

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 _____
Residence of father (if deceased so state) _____
Birthplace of father (State or foreign country) _____

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

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

Signed _____
New Address _____
Subscribed and sworn to before me this _____ day of _____, 19_____
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, 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 _____ day of _____, 19_____, authorizing the joining together as husband and wife
and
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ hereby certify that on the _____ day of _____
one thousand nine hundred and _____ at _____, County of _____
State of Indiana, Groom _____ of _____ County, State of _____
and, Bride _____ of _____ County, State of _____
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
County.
Dated this _____ day of _____, 19_____.

Signed _____
Official Designation _____
Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19_____
Signed _____ Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

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

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

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

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

8. Full name of father Raymond Jacob Wineinger
Residence of father (if deceased so state) Bloomington
Birthplace of father (State or foreign country) Unionville, In

9. Full maiden name of mother Carol Ann Oimley
Residence of mother (if deceased so state) Martinsville
Birthplace of mother (State or foreign country) Bloomington

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

Signed X Dina Wineinger
New Address 408 Harvey Dr #3
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 _____

Form Prescribed By
Indiana State Board of
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 6-1-83
Date of Application

MALE
Medical Examination Report Dated _____
Name of Physician _____

FEMALE
Medical Examination Report Dated 5-20-83
Name of Physician Hibner

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HENDRICKS

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the

of Indiana dated the

day of

19

and

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

I,

one thousand nine hundred and

State of Indiana, Groom

and, Bride

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

County.

Dated this

day of

19

Signed

Official Designation

day of

19

Signed

Clerk

HENDRICKS

Circuit Court

State of Indiana
Premarital Examination Certificate
(IC 31-1-1-7)

EFFECTIVE SEPTEMBER 1, 1981, PHYSICIANS' EXAMINATIONS AND LABORATORY TESTS ARE REQUIRED WHEN THE MARRIAGE APPLICANT AND INTENDED SPOUSE ARE BOTH 60 YEARS OF OLDER.

PART I Laboratory Statement of Standard Blood Tests

This is to Certify that the following tests were performed on a blood specimen submitted for

Applicant Lina Wincinger Name and Address of Applicant

408 Harvey St #3 Bloomington Indiana

Tests Performed: Syphilis neg; Rubella Immunity (females) negative

Laboratory BLOOMINGTON HOSPITAL Name of Test

BLOOMINGTON, INDIANA Name and Address of Approved Laboratory

Date 5-20-83 By Carole Moore MT(ASCP)

Laboratory Director or Authorized Representative

Only laboratories approved by the Indiana State Board of Health shall make premarital serological tests. (IC 16-1-11-11). See reverse side, Item 4.

PART II Physician's Examination Report

City BLOOMINGTON State INDIANA Date 05/20/83

Date of Examination is Date Blood Was Drawn

To Clerk of the Circuit Court:

This is to Certify that I, KERMIT Q. HIBNER, M.D., a physician

holding an unlimited license to practice medicine in the State of INDIANA

have examined the applicant named in the laboratory report above and in my opinion, the person named therein is not infected with syphilis, or if so infected, that the stage of the disease is not such that it could be communicated by the person. Where it applies, I also have explained the significance of the rubella test result. If a test was not done, the reason is indicated below.

Syphilis

☐ Applicant objects on religious grounds

Rubella (Females only) - Until January 1, 1985

☐ Applicant objects on religious grounds;

☐ Applicant is over 50 years of age;

☐ Applicant presents evidence of sterilization;

☐ Applicant presents laboratory evidence of previous test declaring her immunity.

Signed Kermit Q. Hibner, M.D. Address Kermit Q. Hibner, M.D.

Applicant's Signature Lina Wincinger of Physician 801 South Walnut St.

Bloomington, IN 47401

This certificate form S.B.H. 43-005 is valid for only thirty days from date blood was drawn. Applicant must present it to the County Clerk within this period of time.

See Reverse Side for Instructions

State Form 23904R2
S.B.H. 43-005
Rev. 5/81

Father

Mother

19

Clerk

parties, the

and filed

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 264
File 6-1-83
Date of Application

MALE
Medical Examination Report Dated 5-10-83
Name of Physician Jackson

FEMALE
Medical Examination Report Dated 5-11-83
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 Middle Last
Gerry Wayne Travelstead
Date of Birth Month Day Year
April 22 1942
Place of Birth (State or foreign country)
Terre Haute
Residence Address Street or R. R. City County State
1145 Locust Lane Bburg Ind
Previous Marital 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.

John
Gerry Jr.

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

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

9. Full maiden name of mother: Bess Marie Sisk
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: Gerry Travelstead
New Address: RR 1 Box 7544 Pittsboro Ind

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:

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1983
Clerk

FEMALE APPLICANT

Name First Middle Last
Andrea Louise Myers
Date of Birth Month Day Year
Sept 22 1945
Place of Birth (State or foreign country)
Shelbyville
Residence Address Street or R. R. City County State
R.R. 1 Box 7544 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? No ☐ Yes ☐
If 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.

Jennifer Ann
William Rudy II

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

8. Full name of father: Frances Eugene Gray
Residence of father (if deceased so state): deceased
Birthplace of father (State or foreign country): Ind

9. Full maiden name of mother: Norma Francis Booker
Residence of mother (if deceased so state): B'burg
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: Andrea L Myers
New Address: RR 1 Box 7544 Pittsboro Ind

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:

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 _____ of Indiana dated the 6th day of June, 1983, authorizing the joining together as husband and wife

Jerry Wayne Travelstead and Andrea Louise Myers
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

Myron Barnard hereby certify that on the 17th day of June, one thousand nine hundred and eighty-three at Indianapolis, County of Marion, State of Indiana, Groom Jerry Wayne Travelstead of M Hendricks, County, State of Indiana, and, Bride, Andrea Louise Myers of Hendricks, County, State of Indiana, 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 17th day of June, 1983.

Signed: s/Myron Barnard
Judge
Official Designation June 21st 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 _____

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 265
File 6-1-83
Date of Application

MALE
Medical Examination Report Dated 5-27-83
Name of Physician Heaven

FEMALE
Medical Examination Report Dated 5-27-83
Name of Physician Heaven

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

MALE APPLICANT

Name Daniel L. Thompson
Date of Birth Aug 1961
Place of Birth Greencastle, IN
Residence Address P.O. Box 62 Coatesville Ind. IN
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) drivers lic

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

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

8. Full name of father Claude Matthew Thompson
Residence of father (if deceased so state) Coatesville
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Shirley Ann Coffey
Residence of mother (if deceased so state) Coatesville
Birthplace of mother (State or foreign country) Indpls.

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

Signed Daniel L. Thompson

New Address Long Beach, Ca.

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:

Signed _____ Father

Signed _____ Mother

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

FEMALE APPLICANT

Name Janice Marie Schaffer
Date of Birth Feb 16 1956
Place of Birth Brazil
Residence Address P.O. Box 62 Coatesville Ind IN
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

Kimberly Hutchinson
Brandy Thompson

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

8. Full name of father Leve Gregory
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nellie R. Waddell
Residence of mother (if deceased so state) Greencastle
Birthplace of mother (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 Janice M. Schaffer

New Address Long Beach, Ca.

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:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 May, 1983, authorizing the joining together as husband and wife of DANIEL L. THOMPSON and JANICE M. SCHAFER.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, ROBERT E. JONES, hereby certify that on the 2nd day of JUNE, one thousand nine hundred and 83, at FILLMORE, County of PUTNAM, State of Indiana, Groom DANIEL L. THOMPSON, of HENDRICKS County, State of IN, and, Bride JANICE M. SCHAFER, of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.
Dated this 4th day of JAN., 1983.

Signed /s/ ROBERT E. JONES

Official Designation PASTOR
4th day of JAN., 1988

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

No. 266
File 6-2-83
Date of Application

MALE
Medical Examination Report Dated 5-27-83
Name of Physician Jokella

FEMALE
Medical Examination Report Dated 5-28-83
Name of Physician Jokella

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Robinson
Date of Birth Month 9 Day 24 Year 1956
Place of Birth (State or foreign country) Greencastle Ind.
Residence Address 5789 W. 43rd Street R. R. Indianapolis City Marion Co. State

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

☒ Other (Specify) Drivers License

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

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

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

8. Full name of father David Wallace Robinson

Residence of father (if deceased so state) Syracuse Ind.

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Ann Schwartz

Residence of mother (if deceased so state) Syracuse, 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 Don Robinson

New Address Indianapolis

Subscribed and sworn to before me this 2 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:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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.

Be 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 June, 1983, authorizing the joining together as husband and wife

of Daniel J. Robinson and Carolyn M. Osborn

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

I, P. Michael Thornburg hereby certify that on the 18th day of June

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

State of Indiana, Groom Daniel J. Robinson of Marion County, State of Indiana

and, Bride Carolyn M. Osborn 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 18th day of June, 1983

Signed /s/P. Michael Thornburg Minister June, 1983

Official Designation 21st 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 First Carolyn Middle M. Last Osborn
Date of Birth Month 7 Day 18 Year 1958
Place of Birth (State or foreign country) Bloomington Ind.
Residence Address 221 Box 233A Pittsboro Ind. State

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

☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
- If 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 Thomas Osborn

Residence of father (if deceased so state) Pittsboro Ind.

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Shirley Walter

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.

Signed Carolyn Osborn

New Address Indianapolis

Subscribed and sworn to before me this 2 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:

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. 267
File 6-5-83
Date of Application

MALE
Medical Examination Report Dated 5-28-83
Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated 5-28-83
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 Michael Newton Worley
Date of Birth 5 Month 31 Day 1961 Year
Place of Birth (State or foreign country) Beech Grove, Indiana
Residence Address 6690 E. 350 N., Brownsburg, In. 46112
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

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

8. Full name of father Jackie L. Worley
Residence of father (if deceased so state) Indianapolis, In.
Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Rita M. Hanlon
Residence of mother (if deceased so state) Brownsburg, 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 Michael Newton Worley
New Address 140 S. Van Dorn Street, Alexandria, VA. 22304

Subscribed and sworn to before me this 2nd 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:

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Sharla Lynn Whitecotton
Date of Birth 4 Month 22 Day 1961 Year
Place of Birth (State or foreign country) Terre Haute, Indiana
Residence Address 756 Maple Lane, Brownsburg, In. 46112
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

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

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

Signed Sharla Lynn Whitecotton
New Address 140 S. Van Dorn Street, Alexandria

Subscribed and sworn to before me this 2nd 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:

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the _____ day of _____, 19____, authorizing the joining together as husband and wife of _____ and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

one thousand nine hundred and eighty-three hereby certify that on the 11th day of June,
State of Indiana, Groom Michael Newton Worley at Brownsburg _____, County of Hendricks,
and, Bride Sharla Lynn Whitecotton of Hendricks _____, County, State of Indiana,
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 Indiana,
Dated this 11th day of June, 1983.

Signed /s/ Jerry R. Nash

Official Designation Pastor
13th 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

No. 268
File 6-2-83
Date of Application

MALE
Medical Examination Report Dated 5-23-83
Name of Physician Lane

FEMALE
Medical Examination Report Dated 5-23-83
Name of Physician Lane

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

MALE APPLICANT

Name Kelly Arthur O'Riley
Date of Birth 8 27 1962
Place of Birth (State or foreign country) Indpls Ind.
Residence Address 6 Henderson Dr. B'burg Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

- 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: Walter L. O'Riley
Residence of father (if deceased so state): Brownsburg Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Mary Elizabeth Neff
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: Kelly A. O'Riley
New Address: Box 4052 APO NY 09009
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 Beth Anne Sharar
Date of Birth 11 4 1963
Place of Birth (State or foreign country) Indpls Ind.
Residence Address 31 Robinson Dr. B'burg Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

- 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: Billy D. Sharar
Residence of father (if deceased so state): Brownsburg Ind.
Birthplace of father (State or foreign country): Illinois
9. Full maiden name of mother: Janice E. Burton
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: Beth Anne Sharar
New Address: Box 4052 APO NY 09009
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 _____ 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 _____, 19____, authorizing the joining together as husband and wife of Kelly Arthur O'Riley and Beth Anne Sharar.

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 11th day of June, 1983, at Brownsburg Hendricks County, State of Indiana, Groom Kelly Arthur O'Riley of Hendricks County, State of Indiana, and, Bride Beth Anne Sharar of Hendricks County, State of Indiana.

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/ Rev. John M. Hall
Official Designation: Catholic Priest
June 15th 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 _____ 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. 269
File 6-2-83
Date of Application

MALE
Medical Examination Report Dated 5-27-83
Name of Physician Jett

FEMALE
Medical Examination Report Dated 5-26-83
Name of Physician Lovell

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

MALE APPLICANT

Name Matthew Patrick Wolfe
Date of Birth 10 5 1960
Place of Birth (State or foreign country) Morristown New Jersey
Residence Address 5500 Lakeland Ave Indianapolis Vigo Ind.

Previous Marital 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 Edgar Richard Wolfe
Residence of father (if deceased so state) Deceased

Birthplace of father (State or foreign country) Chicago Ill.

9. Full maiden name of mother Beatrice R. Jankowski
Residence of mother (if deceased so state) Scottsdale Ariz.

Birthplace of mother (State or foreign country) Chicago Ill.

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

Signed Matthew Wolfe

New Address 4283 Foxton Ct Dayton Ohio

Subscribed and sworn to before me this 2 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 April Ann Jordan
Date of Birth 2 8 1961
Place of Birth (State or foreign country) Madison Wisconsin
Residence Address 226 Bx 2 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

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Lefor Jordan
Residence of father (if deceased so state) Danville Ind.

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

9. Full maiden name of mother Jean Genove Knight
Residence of mother (if deceased so state) Danville Ind.

Birthplace of mother (State or foreign country) Elkhart, Ind.

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

Signed April Ann Jordan

New Address 4283 Foxton Ct Dayton Ohio

Subscribed and sworn to before me this 2 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
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 2nd day of June, 1983, authorizing the joining together as husband and wife
Matthew Patrick Wolfe and April Ann Jordan

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1, Rev. Dale Alan Rumble

one thousand nine hundred and eighty-three hereby certify that on the 4th day of June

State of Indiana, Groom Matthew Patrick Wolfe at Danville, County of Hendricks

and, Bride April Ann Jordan of Vigo, County, State of Indiana

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

Dated this 4th day of June, 1983

Signed /s/Rev. Dale Alan Rumble
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. 270
File 6-3-83
Date of Application

MALE
Medical Examination Report Dated 6-1-83
Name of Physician Clark

FEMALE
Medical Examination Report Dated 6-1-83
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 Ricky Morphew
Date of Birth 5 23 1956
Place of Birth (State or foreign country) Indiana
Residence Address 435 S. Indiana 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

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

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

9. Full maiden name of mother Bonnie Lois Duncan
Residence of mother (if deceased so state) Danville Ind.
Birthplace of mother (State or foreign country) Lebanon Ind.

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

Signed Ricky J. Morphew
New Address 435 S. Indiana Danville, Ind.

Subscribed and sworn to before me this 3 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:

Signed _____ Father

Signed _____ Mother

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

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County _____ Court by written order issued _____ 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 June, 1983, authorizing the joining together as husband and wife of Ricky J. Morphew and Christine M. Mickel.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Mary Lee Comer hereby certify that on the 9th day of June, 1983, at Danville County of Hendricks State of Indiana, Groom Ricky J. Morphew of Hendricks County, State of Indiana and, Bride Christine M. Mickel of Hendricks County, State of Indiana 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 June, 1983.

Signed /s/ Mary Lee Comer, Judge
Judge, Hendricks Superior Court #1
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 _____ 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. 271
File 6-3-83
Date of Application

MALE
Medical Examination Report Dated 5-24-83
Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated 5-24-83
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 Jason Stephen Baker
Date of Birth Nov. 19 1958
Place of Birth (State or foreign country) Indpls. In
Residence Address 4639 Avon Rd. Plainfield Hendricks In
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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 female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Gay Baker
Residence of father (if deceased so state) Hamilton, Ohio
Birthplace of father (State or foreign country) Indpls. In
9. Full maiden name of mother Veronica Downey
Residence of mother (if deceased so state) Indpls. In
Birthplace of mother (State or foreign country) Rochester, N.Y.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Jason S Baker
New Address 4639 AVON RD.

Subscribed and sworn to before me this 3 day of June, 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 Debra Ann Ely
Date of Birth June 21 1954
Place of Birth (State or foreign country) OHIO
Residence Address Brownsburg Hendricks County IN
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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 Elvey B. Ely
Residence of father (if deceased so state) Brownsburg IN
Birthplace of father (State or foreign country) OHIO
9. Full maiden name of mother Freda M. Moon
Residence of mother (if deceased so state) Brownsburg, 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.
County of HENDRICKS

Signed Debra A. Ely
New Address 4639 Avon Rd. Plainfield

Subscribed and sworn to before me this 8 day of June, 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 _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Hendricks Circuit Court of Indiana dated the 8 day of June, 19 83, authorizing the joining together as husband and wife of Jason Stephen Baker and Debra Ann Ely.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Mowrer, hereby certify that on the 11th day of June, at Danville, County of Hendricks, State of Indiana, Groom Jason Stephen Baker and, Bride Debra Ann Ely of Hendricks County, State of Indiana were by me united 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 June, 19 83.

Signed /s/John C. Mowrer

Official Designation Judge, Hendricks Superior Court #2
13th day of June, 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. 272

File 6-3-83
Date of Application

MALE
Medical Examination Report Dated 5-31-83
Name of Physician Kerlin

FEMALE
Medical Examination Report Dated 5-31-83
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 David Allen Asperger
Date of Birth Nov. 9 1947
Place of Birth (State or foreign country) Indpls.
Residence Address R.R. 3 Box 216 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 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.
Brian Asperger
Andrew Asperger

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

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

9. Full maiden name of mother Dorothy Jane Williams
Residence of mother (if deceased so state) Indpls.
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 David A Asperger
New Address R3 Box 216 Danville

Subscribed and sworn to before me this 3 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 Jayne Alice Myers
Date of Birth July 17 1960
Place of Birth (State or foreign country) Marion Co.
Residence Address R.R. 3 Box 216 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 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.
Jeremy Myers

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

8. Full name of father Eddie Allen Myers
Residence of father (if deceased so state) Danville
Birthplace of father (State or foreign country) Indiana

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

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

Signed Jayne A Myers
New Address R3 Box 216 Danville

Subscribed and sworn to before me this 3 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 Hendricks County Court by written order issued _____ 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

We It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 10 day of June, 1983, authorizing the joining together as husband and wife of David Allen Asperger and Jayne Alice Myers

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

I, W. Charles Gillespie, hereby certify that on the 10th day of June, 1983, at Danville, Hendricks County, State of Indiana, Groom David Allen Asperger and, Bride Jayne Alice Myers of Hendricks County, State of Indiana, 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/ W. Charles Gillespie
Official Designation Pastor June 15th day of June 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. 273
File 6-6-83
Date of Application

MALE
Medical Examination Report Dated 6-1-83
Name of Physician Monette

FEMALE
Medical Examination Report Dated 6-1-83
Name of Physician Monette

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to 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 Terry Goss
Date of Birth June 19 1963
Place of Birth (State or foreign country) Ohio
Residence Address 5556 Beaupre Rd. Speedway Marion IN
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

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

8. Full name of father Glean Breese Goss
Residence of father (if deceased so state) Speedway, IN
Birthplace of father (State or foreign country) Pennsylvania
9. Full maiden name of mother Winifred Butler
Residence of mother (if deceased so state) Speedway, IN
Birthplace of mother (State or foreign country) Kentucky

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

Signed Ernest Goss

New Address 5370 Buttercup

Subscribed and sworn to before me this 6 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 Patricia Sue Boyce
Date of Birth January 12 1966
Place of Birth (State or foreign country) Indiana
Residence Address 425 E. Main Brownsburg IN
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

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

8. Full name of father William D. Boyce
Residence of father (if deceased so state) Brownsburg, IN
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Susan E. Evans
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 Patty S Boyce

New Address 5370 Buttercup

Subscribed and sworn to before me this 6 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 William D. Boyce Father

Signed Susan Ellen Boyce Mother

Subscribed and sworn to before me this 6 day of June, 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 _____ HENDRICKS Circuit Court of Indiana dated the 10 day of June, 1983, authorizing the joining together as husband and wife of Ernest Terry Goss and Patricia Sue Boyce.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
Rev. Donald Tyler hereby certify that on the 25th day of June,
one thousand nine hundred and eighty-three at Brownsburg,
State of Indiana, Groom Ernest Terry Goss County of Hendricks
and, Bride Patricia Sue Boyce 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 25th day of June, 1983

Signed/s/Rev. Donald Tyler

Official Designation Baptist Minister
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 _____

Form presented by
Indiana State Board of
Health under authority
of I.C. 16-1-5-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 274

File

6-6-83
Date of Application

MALE

Medical Examination Report Dated 5-21-83

Name of Physician Walker

FEMALE

Medical Examination Report Dated 5-21-83

Name of Physician Walker

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 promise shall be fined in each case not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Daniel Craig Day
Date of Birth Aug 12 1962
Place of Birth (State or foreign country) Indpls
Residence (State or foreign country) 4 Forest Dr B'burg Ind
Previous Marital Status Never Married OR
Last Marriage Ended By Death Divorce Annulment
Date of birth verified by Birth Certificate Judicial Decree

Other (Specify) driver 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 Donald Robert Day
Residence of father (if deceased so state) B'burg
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Addie Lois Hauk
Residence of mother (if deceased so state) B'burg
Birthplace of mother (State or foreign country) Indiana

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

Signed Daniel Day
New Address 4 Forest Dr B'burg

Subscribed and sworn to before me this 6 day of June 83
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed _____ Father
Signed _____ Mother

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and that _____ 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 June 83, authorizing the joining together in husband and wife Daniel Craig Day and Nancy Ann Schreier

As it further remembered, the following marriage certificate was filed in my office, to-wit: Jerry R. Nash hereby certify that on the 18th day of June 83 at Brownsburg Hendricks County, State of Indiana, Daniel Craig Day and Nancy Ann Schreier of Hendricks County, State of Indiana 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 June 83
Signed /s/ Jerry R. Nash
Pastor

Official Designation June 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

HENDRICKS County

No. 275

File 6-6-83

Date of Application

MALE

Medical Examination Report Dated 5-31-83

Name of Physician M. S. La

FEMALE

Medical Examination Report Dated 5-31-83

Name of Physician M. S. La

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

MALE APPLICANT

Name Gregg W. Shields
Date of Birth May 1 1960
Place of Birth (State or foreign country) Martinsville, IN
Residence Address 9358 Bunker Hill Rd., 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? No ☐ Yes ☐
If 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 Byron Shields

Residence of father (if deceased so state) Mooresville, IN

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Patricia Lou Peck

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 Gregg W. Shields

New Address 4930 Edinborough Lane Apt. 429

Subscribed and sworn to before me this 6 day of June, 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:

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

FEMALE APPLICANT

Name Rhonda L. Hill
Date of Birth March 25 1961
Place of Birth (State or foreign country) Indianapolis, IN
Residence Address 737 Lakeshore Dr., Plainfield, Hendricks, IN

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

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

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

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

8. Full name of father William Franklin Hill

Residence of father (if deceased so state) Deceased

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Delores Ann Wood

Residence of mother (if deceased so state) Indiana

Birthplace of mother (State or foreign country) Indiana

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

Signed Rhonda Hill

New Address 4930 Edinborough Lane #429

Subscribed and sworn to before me this 6 day of June, 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:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 June, 19 83, authorizing the joining together as husband and wife of Gregg W. Shields and Rhonda L. Hill

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

I, Jerry R. Nash hereby certify that on the 11th day of June, one thousand nine hundred and eighty-three at Brownsburg, County of Hendricks, State of Indiana, Groom Gregg W. Shields of Morgan County, State of Indiana and, Bride Rhonda L. Hill of Hendricks County, State of Indiana were by me united 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 June, 19 83

Signed /s/ Jerry R. Nash

Official Designation Pastor 13th day of June, 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. 276

File

6-6-83
Date of Application

MALE
Medical Examination Report Dated 5-27-83
Name of Physician C. Everett

FEMALE
Medical Examination Report Dated 6-6-83
Name of Physician Edwards

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

MALE APPLICANT

Name First Lowell Middle Gene Last Holt
Date of Birth Month March Day 5 Year 1961
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. City County State
U.S.A.F.

Previous Marital 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 _____

Residence of father (if deceased so state) _____

Birthplace of father (State or foreign country) _____

9. Full maiden name of mother Judy Holt

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 Lowell & Gene

New Address 6529 W. Glendale Ave Glendale

Subscribed and sworn to before me this 6 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:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 10th day of June 1983, authorizing the joining together as husband and wife of Lowell Gene Holt and Debra JoAnn DePree

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

I, James V. Coombs, hereby certify that on the 10th day of June

one thousand nine hundred and eighty-three at Pritchard Park, County of Morgan

State of Indiana, Groom Lowell Gene Holt of Martin, County, State of Indiana

and, Bride Debra JoAnn DePree of Hendricks, County, State of Indiana

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 10th day of June 1983

Signed /s/James V. Coombs
Reverend

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 13th 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. 277
File June 4, 1983
Date of Application

MALE
Medical Examination Report Dated 6-3-83
Name of Physician Dr. [Signature]

FEMALE
Medical Examination Report Dated 6-3-83
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 Brett Alan Ford
Date of Birth Feb 9 1959
Place of Birth (State or foreign country) Ind.
Residence Address 5978 Oakhill Dr. 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) 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 James D. Ford, Sr.
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mildred Myers
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 HENDRICKS

Signed Brett Ford
New Address 3017 SOUTHWEST DR INDIANAPOLIS

Subscribed and sworn to before me this 6 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 HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Debra Jo Stahl
Date of Birth Oct 29 1954
Place of Birth (State or foreign country) Ind.
Residence Address 3017 Southwest Dr. 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) 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 Buck Burkes
Residence of father (if deceased so state) Chung, Co.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Joyce Webb
Residence of mother (if deceased so state) Mooreville, 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 Debbie Stahl
New Address 3017 Southwest Dr

Subscribed and sworn to before me this 6 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 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 10th day of June, 1983, authorizing the joining together as husband and wife of Brett Alan Ford and Debra Jo Stahl.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Mary Lee Comer, hereby certify that on the 10 day of June, one thousand nine hundred and eighty-three, at Donville, County of Spencer, State of Indiana, Groom Brett A. Ford of Donville, County, State of Ind. and, Bride Debra J. Stahl of Marion, County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 10 day of June, 1983.

Signed Mary Lee Comer

Official Designation Judge, Superior Court
10 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. 278

File 6-7-83
Date of Application

MALE
Medical Examination Report Dated 5-31-83
Name of Physician Jerry Mandel

FEMALE
Medical Examination Report Dated 5-31-83
Name of Physician Jerry 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 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: Harold Dugger
Residence of father (if deceased so state): Pittsboro, In
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Alice Phelps
Residence of mother (if deceased so state): Mooresville, In
Birthplace of mother (State or foreign country): Kentucky

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

Signed: Melvin M Dugger

New Address: 4919 S. Dix Points Rd 46231

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

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 19
Clerk

FEMALE APPLICANT

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

☒ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If 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: Fredrick Woods
Residence of father (if deceased so state): Pittsboro, In
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Iris Tomlinson
Residence of mother (if deceased so state): Pittsboro, In
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: Gail Woods

New Address: 4919 S. Dix Points Rd 46231

Subscribed and sworn to before me this 7th 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, } 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
of Indiana dated the 15 day of June, 1983, authorizing the joining together as husband and wife
Melvin Neal Dugger and Gail Joy Woods

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 18th day of June
one thousand nine hundred and eighty-three at Pittsboro County of Hendricks
State of Indiana, Groom Melvin Neal Dugger of Hendricks County, State of Indiana
and, Bride Gail Joy Woods of Hendricks County, State of Indiana
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 June, 1983
Signed /s/ Rev. John Thomas Sexton
Ordained Minister

Official Designation June 1983
20th 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. 279

File

6-7-83

Date of Application

MALE

Medical Examination Report Dated 6-1-83

Name of Physician Walker

FEMALE

Medical Examination Report Dated 5-31-83

Name of Physician Alcock

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to 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 Mark Schweibold
Date of Birth July 17 1960
Place of Birth (State or foreign country) Orland, California
Residence Address RR #1 Box 218F Pittsboro, Indiana
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If 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 Fredrick Jack Schweibold
Residence of father (if deceased so state) Ind.

Birthplace of father (State or foreign country) Ohio

9. Full maiden name of mother Sharon Lee Crouse

Residence of mother (if deceased so state) 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 Gregory Mark Schweibold
New Address RR #1 Box 218F Pittsboro, IN

Subscribed and sworn to before me this 7 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:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Melinda Sue Webb
Date of Birth Aug 14 1961
Place of Birth (State or foreign country) Ind.
Residence Address 26 Concordia 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If 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 Howard Clayton Webb
Residence of father (if deceased so state) Ind.

Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Phyllis Ann Van Meter

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 Melinda Sue Webb
New Address 26 Concordia Dr. Danville, IN

Subscribed and sworn to before me this 7 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:

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS _____ Circuit Court of Indiana dated the 14 day of June, 1983, authorizing the joining together as husband and wife of Gregory M. Schweibold and Melinda Sue Webb.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, George W. Davis, hereby certify that on the 25 day of June, one thousand nine hundred and eighty three at Bearnsburg, County of Hendricks, State of Indiana, Groom Gregory M. Schweibold and, Bride Melinda Sue Webb of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.
Dated this 25 day of June, 1983.

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of June, 1983.
Signed George W. Davis Official Designation 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. 280

File 6-7-83
Date of Application

MALE
Medical Examination Report Dated 6-7-83
Name of Physician Eric Clark MD

FEMALE
Medical Examination Report Dated 6-7-83
Name of Physician Eric Clark MD

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

MALE APPLICANT

Name Paul A. Record
Date of Birth 26 1960
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 10310 W. Bradford, 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 female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

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

8. Full name of father Wayne Record
Residence of father (if deceased so state) Indianapolis, In.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lillian P. Kappel
Residence of mother (if deceased so state) Indianapolis, In.
Birthplace of mother (State or foreign country) Indiana

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

Signed Paul A. Record

New Address

Subscribed and sworn to before me this 7th 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:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1983
Clerk

FEMALE APPLICANT

Name Janice D. Miller
Date of Birth 1 1961
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 89 N. Rd. 4506 Danville, In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If 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 Stephen J. Miller
Residence of father (if deceased so state) Danville, In.
Birthplace of father (State or foreign country) Indianapolis, In.
9. Full maiden name of mother Janet A. Purcell
Residence of mother (if deceased so state) Danville, In.
Birthplace of mother (State or foreign country) Indpls, In.

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

Signed Janice D. Miller

New Address

Subscribed and sworn to before me this 7th 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:

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 14th day of June, 1983, authorizing the joining together as husband and wife Paul A. Record and Janice D. Miller

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 18th day of June, 1983, at Avon, Hendricks County, State of Indiana, Paul A. Record, Groom, and Janice D. Miller, Bride, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 18th day of June, 1983

Signed/s/ Rev. Howard D. Allen
Elder, U.M.C.

Official Designation June 21st 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. 281
File 6-7-83
Date of Application

MALE
Medical Examination Report Dated 5-31-83
Name of Physician Clyde W. Jett, M.D.

FEMALE
Medical Examination Report Dated 5-31-83
Name of Physician Clyde W. Jett, 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 George Wm. Patterson
Date of Birth Oct. 31 1934
Place of Birth (State or foreign country)
Residence Address Box 212, 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If 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 Ralph E. Patterson
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nelen A. Krumpholtz
Residence of mother (if deceased so state) Beech Grove, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed George W. Patterson
New Address P.O. Box 212, Stilesville, Ind.
Subscribed and sworn to before me this 7 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:

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Linda Lou Kratzer
Date of Birth March 12 1944
Place of Birth (State or foreign country) Brazil, Indiana
Residence Address R 32, Terre Haute, 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.

Derek Daniel Kratzer
Lianne Sue Kratzer

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

8. Full name of father Lester Leon Harper
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nelen Lucille Hagan
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.

Signed Linda L. Kratzer
New Address P.O. Box 212, Stilesville, Ind.
Subscribed and sworn to before me this 7 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:

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 June, 1983, authorizing the joining together as husband and wife of George William Patterson and Linda Lou Kratzer.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Don McMilliard hereby certify that on the 17 day of June, one thousand nine hundred and eighty-three at Stilesville, County of Hendricks, State of Indiana, Groom, George Wm. Patterson of Hendricks County, State of Ind. and, Bride, Linda Lou Kratzer of Vigo County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.
Dated this 17th day of June, 1983.

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

Signed Don McMilliard
Official Designation Minister
Signed Mary Jane Russell, 1983
Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

467

No. 282

File June 8, 1983
Date of Application

MALE

Medical Examination Report Dated 6-3-83

Name of Physician Mary Sisler

FEMALE

Medical Examination Report Dated 5-17-83

Name of Physician Joseph Kerlin

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 Timothy Stewart Vangundy
Date of Birth March 14 1963
Place of Birth (State or foreign country) Indiana
Residence Address 627 Mt. Blvd. Apt. 100 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)

- Are you now or have you ever been adjudged to be of unsound mind? No Yes
- If 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 Royce Vangundy
Residence of father (if deceased so state) Chicago
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jewell Alberta Wright
Residence of mother (if deceased so state) Castersburg
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 Timothy S Vangundy

New Address 128 Copper Cove TX 76545

Subscribed and sworn to before me this 8 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:

Signed

Father

Signed

Mother

Subscribed and sworn to before me this day of 1983
Clerk

FEMALE APPLICANT

Name Laweeta Marie Games
Date of Birth April 16 1965
Place of Birth (State or foreign country) Indiana
Residence Address R. 2 Box 312A 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 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 Frank Games
Residence of father (if deceased so state) Hazelwood
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia Marie Pettit
Residence of mother (if deceased so state) Hazelwood
Birthplace of mother (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 Laweeta M. Games

New Address 128 Copper Cove TX 76545

Subscribed and sworn to before me this 8 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:

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 8th day of June 1983, authorizing the joining together as husband and wife Timothy Stewart Vangundy and Laweeta Marie Games

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

1. Larry D. Gilaspy hereby certify that on the 11th day of June, one thousand nine hundred and eighty-three at Hazelwood Hendricks County, State of Indiana, Groom Timothy Stewart Vangundy of Hendricks County, State of Indiana, and, Bride Laweeta Marie Games of Hendricks County, State of Indiana, were by me united 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 June 1983

Signed /s/ Larry D. Gilaspy
Pastor

Official Designation 15th 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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 283
File 6-8-83
Date of Application

MALE
Medical Examination Report Dated 6-3-83
Name of Physician M. James Black

FEMALE
Medical Examination Report Dated 6-3-83
Name of Physician M. James Black

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

MALE APPLICANT

Name Richard Duane Miller Jr.
Date of Birth November 17, 1960
Place of Birth (State or foreign country) Lebanon, Ind.
Residence Address P.O. Box 442, Pittsboro, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

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

8. Full name of father Richard Duane Miller Sr.
Residence of father (if deceased so state) Panama City, Panama
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Norma Lee Dorland
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 Richard D. Miller
New Address P.O. Box 442, Pittsboro, IN 46167

Subscribed and sworn to before me this 8 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:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Rhonda Joy Ping
Date of Birth October 1, 1961
Place of Birth (State or foreign country) Lebanon, Ind.
Residence Address P.O. Box 249, Pittsboro, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

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

8. Full name of father Ronald Clebert Ping
Residence of father (if deceased so state) Pittsboro, Ind.
Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Joyce Aline Hendricks
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.

Signed Rhonda Joy Ping
New Address P.O. Box 442, Pittsboro, IN 46167

Subscribed and sworn to before me this 8 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:

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN 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 June, 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, Clyde D. Wake _____
one thousand nine hundred and 83 _____ hereby certify that on the 19th day of June,
State of Indiana, Groom Richard Duane Miller Jr _____ at Pittsboro _____, County of Hendricks
and, Bride Rhonda Joy Ping _____ of Hendricks _____, County, State of Indiana
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 June, 1983.

Signed Clyde D. Wake
Official Designation United Methodist Clergy

Filed and recorded in accordance with the laws of the State of Indiana this 23rd 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. 284

File 6-8-83
Date of Application

MALE
Medical Examination Report Dated 5-31-83
Name of Physician Scudder

FEMALE
Medical Examination Report Dated 5-31-83
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 Michael Francis Albin
Date of Birth Oct 3 1961
Place of Birth (State or foreign country) Indiana
Residence Address 731 Greenlee Dr Indianapolis Ind
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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: Albert Francis Albin Jr.
Residence of father (if deceased so state): Ind.
Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Patricia C. Shewman
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 Michael Francis AlbinNew Address: Scarborough Lake

Subscribed and sworn to before me this 8 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:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Lisa Lynn Chambers
Date of Birth Feb 17 1965
Place of Birth (State or foreign country) Indiana
Residence Address 10 West Main St. Brownsburg 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) 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: Herbert Ben Chambers Jr.
Residence of father (if deceased so state): Ind.
Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Judy H. Voiles
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 Lisa Lynn ChambersNew Address: Scarborough Lake

Subscribed and sworn to before me this 8 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:

Signed _____ Father

Signed _____ Mother

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

Clerk

COMPLETE IF MARRIAGE LICENSE 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 13 day of June, 1983 authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Lisa Lynn Chambers and Michael Francis Albin hereby certify that on the 25th day of June, 1983, County of Hendricks, State of IN

I, L. Dee Van Wagner at Brownsburg County, State of IN

one thousand nine hundred and eighty-three of MARION County, State of IN

State of Indiana, Groom Michael Francis Albin of HENDRICKS County, State of IN

and, Bride Lisa Lynn Chambers of _____ County, State of _____

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

Dated this 25 day of June, 1983. Signed L. Dee Van Wagner Ordained Minister, 1983

Official Designation 7th 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 _____ 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. 285
File June 8, 1983
Date of Application

MALE
Medical Examination Report Dated 6-7-83
Name of Physician Chic Clark

FEMALE
Medical Examination Report Dated 6-7-83
Name of Physician Chic 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 Elmo Daniel Greene
Date of Birth Sept 26 1918
Place of Birth (State or foreign country) Ind.
Residence Address Box 199B 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) Dr. Greene

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

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

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

9. Full maiden name of mother Bess Lawson
Residence of mother (if deceased so state) Remick, 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 HENDRICKS

Signed Elmo D. Greene

New Address Box 199B North Salem, Ind.

Subscribed and sworn to before me this 8 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 HENDRICKS

Signed _____

Father

Signed _____

Mother

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

Clerk

FEMALE APPLICANT

Name Helen Lucille Morrical
Date of Birth Aug 15 1928
Place of Birth (State or foreign country) Ind.
Residence Address Box 37 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) Dr. Greene

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

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

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

9. Full maiden name of mother Kora Kappenstein
Residence of mother (if deceased so state) Van Wert, Ohio
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 Helen L. Morrical

New Address Box 199B North Salem, Ind.

Subscribed and sworn to before me this 8 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 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 13 day of June, 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. Earl C. Davis, hereby certify that on the 18th day of June, one thousand nine hundred and eighty-three at North Salem, County of Hendricks, State of Indiana, Groom Elmo Daniel Greene of Hendricks County, State of Indiana and, Bride Helen Lucille Morrical of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 18th day of June, 1983
Signed /s/Earl C. Davis
Official Designation Clergyman
Filed and recorded in accordance with the laws of the State of Indiana this 21st 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. 286
File 6-8-83
Date of Application

MALE
Medical Examination Report Dated 6-6-83
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 6-6-83
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 Cecil L. Pritchett
Date of Birth 7 7 1956
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 10201 W. Washington, 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 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 Melvin Pritchett
Residence of father (if deceased so state) Indpls.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elizabeth A. Gibson
Residence of mother (if deceased so state) Indpls. 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 Cecil Pritchett
New Address 10201 W. Washington St.
Subscribed and sworn to before me this 8th 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:

Signed _____ Father
Signed _____ Mother

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

FEMALE APPLICANT

Name Geraldine Lamb
Date of Birth 18 18 1959
Place of Birth (State or foreign country) Indpls. In.
Residence Address 10201 W. Washington, 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.

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

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

Signed Geraldine Pritchett
New Address 10201 W. Washington St.
Subscribed and sworn to before me this 8th 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:

Signed _____ Father
Signed _____ Mother

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

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

RETURN 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 17th day of June, 1983, authorizing the joining together as husband and wife of Cecil L. Pritchett and Geraldine Lamb.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Enoch S. Ralph, hereby certify that on the 3rd day of July, one thousand nine hundred and eighty-three at Plainfield, County of Hendricks, State of Indiana, Groom Cecil L. Pritchett of Hendricks County, State of Indiana and, Bride Geraldine Lamb of Hendricks County, State of Indiana 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 July, 1983

Signed /s/ Enoch S. Ralph
Official Designation Pastor
Signed Mary Jane Russell
Official Designation Clerk
Subscribed and sworn to before me this 6th day of July, 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____

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 287
File 6-9-83
Date of Application

MALE
Medical Examination Report Dated 6-4-83
Name of Physician Sides

FEMALE
Medical Examination Report Dated 6-4-83
Name of Physician Sides

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to 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 A. Agnew
Date of Birth October 19 1940
Place of Birth (State or foreign country) Indiana
Residence Address RR Box 239A, Jamestown Boone IN
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 Arthur H. Agnew
Residence of father (if deceased so state) Jamestown, IN
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rhobe Cunningham
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 Lynda L. Alexander
New Address 3390 Raceway Rd.

Subscribed and sworn to before me this 9 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:

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Lynda L. Alexander
Date of Birth March 20 1939
Place of Birth (State or foreign country) Indiana
Residence Address 3390 Raceway Rd Indianapolis Hendricks IN
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

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

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

8. Full name of father Lloyd E. Alexander
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Maxine Seervies
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 William A. Agnew
New Address 3390 Raceway Rd.

Subscribed and sworn to before me this 9 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:

Signed _____ Father
Signed _____ Mother

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

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 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 7 day of June, 1983, authorizing the joining together as husband and wife of William A. Agnew and Lynda L. Alexander.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer, hereby certify that on the 11th day of June,
one thousand nine hundred and eighty-three at Danville, County of Hendricks,
State of Indiana, Groom William A. Agnew of Boone, County, State of Indiana,
and, Bride Lynda L. 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 HENDRICKS County.
Dated this 11th day of June, 1983.

Signed /s/ John C. Mowrer

Official Designation Judge, Superior Court #2
13th 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. 288

File

Date of Application 6-9-83

MALE

Medical Examination Report Dated 6-7-83

Name of Physician Neely

FEMALE

Medical Examination Report Dated 6-7-83

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 Bruce E. Gibbs
Date of Birth March 12 1955
Place of Birth (State or foreign country) Indiana
Residence Address Rt 1 Box 13, 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) Driver's License w/ picture

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

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

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

8. Full name of father: Jack R. Gibbs
Residence of father (if deceased so state): Clayton IN
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Sally Walker
Residence of mother (if deceased so state): Clayton, IN
Birthplace of mother (State or foreign country): Indiana

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

Signed B. E. GibbsNew Address Rt 1 Box 13 Clayton IN 46118

Subscribed and sworn to before me this 9 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:

Signed

Father

Signed

Mother

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

Clerk

FEMALE APPLICANT

Name Pamela S. Graham
Date of Birth January 26 1961
Place of Birth (State or foreign country) Indiana
Residence Address P.O. Box 228 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) Driver's License w/ picture

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

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

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

8. Full name of father: Donald L. Graham
Residence of father (if deceased so state): Clayton, IN
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Shirley Miller
Residence of mother (if deceased so state): Clayton IN
Birthplace of mother (State or foreign country): Indiana

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

Signed Pamela S. GrahamNew Address P.O. Box 228 Clayton, IN

Subscribed and sworn to before me this 9 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:

Signed

Father

Signed

Mother

Subscribed and sworn to before me this _____ day 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 June, 1983, authorizing the joining together as husband and wife

Bruce E. Gibbs and Pamela S. Graham
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Faris D. Franz, hereby certify that on the 18th day of June, at Clayton, County of Hendricks, State of Indiana

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

and, Bride, Pamela S. Graham 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 18th day of June, 1983

Signed /s/ Faris D. Franz

Pastor

Official Designation 22nd 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. 289
File 6-9-83
Date of Application

MALE
Medical Examination Report Dated 6-2-83
Name of Physician Michael Nealey

FEMALE
Medical Examination Report Dated 6-2-83
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 Michael Lee Summitt
Date of Birth 4 19 1963
Place of Birth (State or foreign country) Ind. also, Ind.
Residence Address 851 E Wyckford Dr., Indianapolis, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify):

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

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

8. Full name of father James H. Summitt
Residence of father (if deceased so state) Danville, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Patricia Marie Post
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 Michael Lee Summitt
New Address 851 E Wyckford Dr. Ind.

Subscribed and sworn to before me this 9 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:

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Myra Kay Edwards
Date of Birth 11 29 1964
Place of Birth (State or foreign country) Hendricks Co. Indiana
Residence Address P.O. Box 188, 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):

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

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

9. Full maiden name of mother Charlotte Kay Coats
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.

Signed Myra Kay Edwards
New Address 851 E Wyckford Dr. Ind.

Subscribed and sworn to before me this 9 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:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 MICHAEL LEE SUMMITT and MYRA KAY EDWARDS.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, RAYMOND L. RADER hereby certify that on the 18 day of June, one thousand nine hundred and eighty three at Danville, State of Indiana, Groom MICHAEL LEE SUMMITT of MARION County, State of INDIANA and, Bride MYRA KAY EDWARDS of HENDRICKS County, State of INDIANA were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.
Dated this 18 day of June, 1983.

Signed /s/ Raymond L. Rader

Official Designation PASTER

Filed and recorded in accordance with the laws of the State of Indiana this 29 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. 290

File 6-9-83
Date of Application

MALE
Medical Examination Report Dated 6-6-83
Name of Physician Bill Byrd, M.D.

FEMALE
Medical Examination Report Dated 6-6-83
Name of Physician Bill Byrd, 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 M. Last Cote
Date of Birth Month 10 Day 10 Year 1956
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Street or R. R. City County State
R.R. #6, Box 195, 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) Lewis License 6/18/83

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If 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.
Angela Elizabeth Cote

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

8. Full name of father: Edward J. Cote
Residence of father (if deceased so state): Muncie, Ind.
Birthplace of father (State or foreign country): Boston, Mass.
9. Full maiden name of mother: Marion E. Jaeger
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.

* Signed Jeffrey M. Cote
New Address R1 Box 174 Clayton, Ind.

Subscribed and sworn to before me this 9th 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 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

Be 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 June, 1983, authorizing the joining together as husband and wife of Jeffrey M. Cote and Pamela J. Russell

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Mowrer hereby certify that on the 17th day of June, 1983, at Danville, Hendricks County, State of Indiana, Groom Jeffrey M. Cote of Hendricks County, State of Indiana, and, Bride Pamela J. Russell 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 17th day of June, 1983.
Signed /s/ John C. Mowrer Judge, Hend. Co. Superior Court #2
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 _____ day of _____, 19____

FEMALE APPLICANT

Name First Pamela Middle Russell Last Russell
Date of Birth Month 2 Day 12 Year 1950
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Street or R. R. City County State
1128 Windsor, 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) Lewis License 6/18/83

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If 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 D. Russell
Residence of father (if deceased so state): Mentone, Alabama
Birthplace of father (State or foreign country): Unknown
9. Full maiden name of mother: Mildred W. Jackson
Residence of mother (if deceased so state): Indpls., 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.

* Signed Pamela J. Russell
New Address R1 Box 174 Clayton, Ind.

Subscribed and sworn to before me this 9th 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 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. 291
File _____
Date of Application 6-10-83

MALE
Medical Examination Report Dated 6-8-83
Name of Physician Nichols

FEMALE
Medical Examination Report Dated 6-8-83
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 Joseph Anthony Lambert
Date of Birth January 6 1963
Place of Birth (State or foreign country) Indiana
Residence Address 405 W. Main St. Plainfield, 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 Rolla L. Lambert
Residence of father (if deceased so state) Ind.
Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Bessie B. Goggin
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 Joseph A. Lambert
New Address 405 W. Main St.

Subscribed and sworn to before me this 10 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 Mary Elizabeth Mills
Date of Birth September 22 1961
Place of Birth (State or foreign country) Indiana
Residence Address 541 Karyn Dr. Plainfield, 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 Russell Eugene Mills
Residence of father (if deceased so state) Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Wilma Luella Cook
Residence of mother (if deceased so state) 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.
County of _____

Signed Mary E. Mills
New Address 541 Karyn Dr.

Subscribed and sworn to before me this 10 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 HENDRICKS County Superior Court by written order issued 3 days and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10 day of June, 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, John C. Moore hereby certify that on the 10 day of June, one thousand nine hundred and eighty-three at Plainfield, State of Indiana, Groom Joseph Anthony Lambert and, Bride Mary Elizabeth Mills were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 10 day of June, 1983

Signed John C. Moore
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 10 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. 292
File 6-10-83
Date of Application

MALE
Medical Examination Report Dated 6-6-83
Name of Physician Senkovic

FEMALE
Medical Examination Report Dated 6-6-83
Name of Physician Senkovic

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to 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 D. Mears
Date of Birth 9 Month 22 Day 1957
Place of Birth (State or foreign country) Marion Ind.
Residence Address 45 Weil 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) drivers lic

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jack Garrell Mears
Residence of father (if deceased so state) Brownsburg Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jacquelyn Phyllis Castinger
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 Jack D. Mears
New Address 57 Weil Dr. 10 June 83
Subscribed and sworn to before me this 10 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 Barbara A. Ott
Date of Birth 4 Month 24 Day 1958
Place of Birth (State or foreign country) Sheboygan Wis.
Residence Address 57 Weil 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) 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 Sylvan Albert Ott
Residence of father (if deceased so state) Indpls Ind.
Birthplace of father (State or foreign country) Wisconsin
9. Full maiden name of mother Rosella Marie Sunatag
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.
County of
Signed Barbara A. Ott
New Address 57 Weil Dr. 10 June 83
Subscribed and sworn to before me this 10 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 _____ 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 15th day of June, 1983, and BARBARA A. OTT
Be it further remembered, the following marriage certificate was filed in my office, to-wit: 30th day of JULY
JACK D. MEARS and BARBARA A. OTT hereby certify that on the _____ day of _____, 19____, at BROWNSBURG, County of HENDRICKS, State of INDIANA,
WILLIAM A POPPANO of HENDRICKS County, State of INDIANA,
one thousand nine hundred and EIGHTY THREE of HENDRICKS County, State of INDIANA,
State of Indiana, Groom JACK D. MEARS and, Bride BARBARA A. OTT 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 JULY, 1983
Signed WILLIAM A. POPPANO
Official Designation CATHOLIC PRIEST (PASTOR), 1983
Clerk
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. 293
File 6-10-83
Date of Application

MALE
Medical Examination Report Dated 6-6-83
Name of Physician Cohen

FEMALE
Medical Examination Report Dated 6-7-83
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 Jeffrey Joe Crosby
Date of Birth April 6 1961
Place of Birth (State or foreign country) Clinton Ind.
Residence Address 200 N.W. 5th St. Indianapolis, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ 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 Freddie Joe Crosby
Residence of father (if deceased so state) Fairland Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Nancy Louise Albrink
Residence of mother (if deceased so state) Fairland Ind.
Birthplace of mother (State or foreign country) Ind.

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

Signed Jeffrey Joe Crosby
New Address 200 N.W. 5th St. Indianapolis, Ind. 47441

Subscribed and sworn to before me this 10 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:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 Jeffrey Joe Crosby and Cindy Lynn Strafford.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Warren A. Robbins, hereby certify that on the 18th day of June, one thousand nine hundred and eighty-three, at Plainfield, State of Indiana, Groom Jeffrey Joe Crosby, of Greene County, State of Indiana, and, Bride Cindy Lynn Strafford, of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.
Dated this 18th day of June, 1983.

Signed /s/ Warren A. Robbins

Official Designation Christian Minister
24th 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 _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

479

No. 294
File 6-10-83
Date of Application

MALE
Medical Examination Report Dated 6-7-83
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 6-7-83
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 Brad Allen Dunigan
Date of Birth 2 24 1965
Place of Birth (State or foreign country) Brazil, Indiana
Residence Address P.O. Box 67, 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 Doyle Evans Dunigan
Residence of father (if deceased so state) Plainfield, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Judith Ann Keller
Residence of mother (if deceased so state) Daytona Beach, FL
Birthplace of mother (State or foreign country) Indiana

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

Signed Bradley Allen Dunigan
New Address PO Box 67 Coatesville, Ind

Subscribed and sworn to before me this 10 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 Vicki Lynn Singleton
Date of Birth 9 22 1959
Place of Birth (State or foreign country) Martinsville, Ind.
Residence Address P.O. Box 67, 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'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.

Robert Eric Singleton
Shannon Michelle Singleton

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

9. Full maiden name of mother Wilma Jane Hackett
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 Vicki Lynn Singleton
New Address PO Box 67 Coatesville

Subscribed and sworn to before me this 10 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 _____ 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 14 day of June, 1983, authorizing the joining together as husband and wife of Brad Allen Dunigan and Vicki Lynn Singleton.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Howard Cupp, hereby certify that on the 16th day of June, 1983, at Hadley, County of Hendricks, State of Indiana, Groom Brad Allen Dunigan of Hendricks County, State of Indiana, and, Bride Vicki Singleton of Hendricks County, State of Indiana.

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 June, 1983.

Signed /s/Howard Cupp
Pastor
Official Designation _____, 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. 295

File

6-13-83

Date of Application

MALE

Medical Examination Report Dated 6-3-83Name of Physician Trammell

FEMALE

Medical Examination Report Dated 6-7-83Name 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 Thomas Gilliam
Date of Birth 9 9 1961
Place of Birth (State or foreign country) Marion Co. Ind.
Residence Address P.O. Box 122 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) 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 female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

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

8. Full name of father Thomas Jefferson Gilliam
Residence of father (if deceased so state) Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Darlene Mix
Residence of mother (if deceased so state) Washington St.
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 Tom GilliamNew Address same

Subscribed and sworn to before me this 13 day of June, 1983
Mary Joe Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Tamara Gray
Date of Birth 4 21 1966
Place of Birth (State or foreign country) Ind.
Residence Address P.O. Box 122 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 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 Maurice E. Gray Jr.
Residence of father (if deceased so state) Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Carolai S. Gerald
Residence of mother (if deceased so state) Clayton Ind.
Birthplace of mother (State or foreign country) Kentucky (Thompsonville)

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

Signed Tamara GrayNew Address same

Subscribed and sworn to before me this 13 day of June, 1983
Mary Joe Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed Caroline due Bernis Father

Signed _____ Mother

Subscribed and sworn to before me this 13 day of June, 1983
Mary Joe Russell Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS _____ Circuit Court of Indiana dated the _____ day of _____, 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, Kenneth Steelman _____ hereby certify that on the 25th day of June,
one thousand nine hundred and Eighty-three at Amo _____ County of Hendricks,
State of Indiana, Groom Thomas Gilliam _____ County, State of Indiana,
and, Bride Tamara Gray _____ County, State of Indiana,
were by me united 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 June, 1983.

Signed Rev. Kenneth Steelman

Official Designation Evangelistic Minister of God
30th day of June, 1983

Signed Mary Joe Russell Clerk
_____ HENDRICKS _____ Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS

No. 296

File

County

MALE

Medical Examination Report Dated 6-3-83

Name of Physician Harris

FEMALE

Medical Examination Report Dated 6-3-83

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 Robert Lee Heymig
Date of Birth Oct 15 1954
Place of Birth (State or foreign country) Indpls. Ind
Residence Address 1335 W. Wash. 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 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.

Robert Lee Heymig, 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 Nicholas Vernon Heymig
Residence of father (if deceased so state) Indpls. Ind
Birthplace of father (State or foreign country) Indpls. Ind

9. Full maiden name of mother Mary Jane Aders
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.

Signed Robert Lee Heymig

New Address 11335 W. Washington Box 53

Subscribed and sworn to before me this 13 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:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Cathy Lynn Cook
Date of Birth Oct 30 1957
Place of Birth (State or foreign country) Indpls. Ind
Residence Address 1335 W. Wash. 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 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.

Jeremy Michael Cook

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

9. Full maiden name of mother Alma Mary Harrison
Residence of mother (if deceased so state) Indpls. Ind
Birthplace of mother (State or foreign country) Evansville Ind

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

Signed Cathy Lynn Cook

New Address 11335 W. Washington St

Subscribed and sworn to before me this 13 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:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 17th day of June, 1983, authorizing the joining together as husband and wife
Robert Lee Heymig and Cathy Lynn Cook

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
Frank J. Klassen 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 Robert Lee Heymig of Hendricks County, State of Indiana

and, Bride Cathy Lynn Cook of Hendricks County, State of Indiana
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 June, 1983
Signed /s/Frank J. Klassen

Official Designation Pastor 19th 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. 297
File 6-13-83
Date of Application

MALE
Medical Examination Report Dated 5-21-83
Name of Physician Zolt

FEMALE
Medical Examination Report Dated 5-24-83
Name of Physician Jones

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

MALE APPLICANT

Name Stanley Fred Bullington
Date of Birth July 20 1959
Place of Birth (State or foreign country) Alabama
Residence Address Rt. 3 Box 65 Athens Hinsdale Al
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Trade Bullington
Residence of father (if deceased so state) Athens, Alabama
Birthplace of father (State or foreign country) Alabama
9. Full maiden name of mother Martha Marie Bowers
Residence of mother (if deceased so state) Athens, Alabama
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 Stanley F. Bullington
New Address 310 Tanglewood Drive, Athens, AL

Subscribed and sworn to before me this 13 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 Leanne Draffen
Date of Birth Dec 11 1962
Place of Birth (State or foreign country) North Carolina
Residence Address 12 Wedding Lane 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) _____

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Harper Draffen
Residence of father (if deceased so state) Plym Ind
Birthplace of father (State or foreign country) Ind
9. Full maiden name of mother Nancy Carolyn Koko
Residence of mother (if deceased so state) Plym 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 Leanne Draffen
New Address 310 Tanglewood Dr, Athens, AL

Subscribed and sworn to before me this 13 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 HENDRICKS County Superior #2 Court by written order issued 3 day waiver and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 13 day of June, 1983, authorizing the joining together as husband and wife Stanley Fred Bullington and Leanne Draffen

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

I, Earl E. Robertson hereby certify that on the 2nd day of July, one thousand nine hundred and eighty-three at Indianapolis, County of Marion, State of Indiana, Groom Stanley Fred Bullington of Athens County, State of Alabama and, Bride Leanne Dreffen of Plainfield County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County. Dated this 2nd day of July, 1983.

Signed /s/Earl E. Robertson

Official Designation Evangelist
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 _____ day of _____, 19____

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. 298

File

6-13-83

Date of Application

MALE

Medical Examination Report Dated 6-9-83

Name of Physician Haggard

FEMALE

Medical Examination Report Dated 6-9-83

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 process shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Albert Middle Last Walters
Date of Birth July 27 1964
Place of Birth (State or foreign country) Indpls. In
Residence Address 283 S. Rd 225 E. Danville City Hendricks State In
Previous Marital Status Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

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

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

8. Full name of father Donald M. Walters
Residence of father (if deceased so state) Danville
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jessie S. Eichmiller
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 Gary A. Walters
New Address 283 S. Rd 225 E Danville

Subscribed and sworn to before me this 13 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 First Dana Middle Last Martin
Date of Birth May 28 1964
Place of Birth (State or foreign country) Indpls. In
Residence Address R.R. 2 Bx 225E Danville City Hendricks State In
Previous Marital Status Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

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

April Dawn Martin

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

8. Full name of father Gary William Martin
Residence of father (if deceased so state) Danville
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Shirley Ann Mills
Residence of mother (if deceased so state) Danville
Birthplace of mother (State or foreign country) Ky

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

Signed Dana Martin
New Address 283 S. Rd 225 E Danville

Subscribed and sworn to before me this 13 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 Hendricks County Court by written order issued _____ 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 17 day of June 1983 authorizing the joining together as husband and wife Gary Albert Walters and Dana Sue Martin

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, W. Charles Gillespie hereby certify that on the 9th day of July 1983 at Danville Hendricks County, State of Indiana one thousand nine hundred and eighty-three at _____ of _____ County, State of Indiana and, Bride Dana Sue Martin 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 9th day of July 1983
Signed /s/ W. Charles Gillespie
Pastor July 1983
Official Designation

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of July 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. 299
File 6-13-83
Date of Application

MALE
Medical Examination Report Dated 6-9-83
Name of Physician Haggard

FEMALE
Medical Examination Report Dated 6-9-83
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 Bobby Joe Burdine
Date of Birth Oct 20 1961
Place of Birth (State or foreign country) Indpls Indiana
Residence Address 6031 Westlake Dr 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) 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 Bobby Lee Burdine
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Ky.

9. Full maiden name of mother Barbara Ann Mink
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.

Signed Bobby J Burdine
New Address 6031 Westlake S. Drive A

Subscribed and sworn to before me this 13 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:

Signed _____ Father
Signed _____ Mother

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

FEMALE APPLICANT

Name Kathy Ann Haltom
Date of Birth March 30 1964
Place of Birth (State or foreign country) Sanulb. Indiana
Residence Address 9442 Bradley Dr. Hendrick Ind.
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 Ralph Lee Haltom
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Sylvia Belle Larkin
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 Kathy A Haltom
New Address 6031 Westlake S. Drive #A

Subscribed and sworn to before me this 13 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:

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 June, 1983, authorizing the joining together as husband and wife Bobby Joe Burdine and Kathy Ann Haltom.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Johnnie Edwards hereby certify that on the 18th day of June, one thousand nine hundred and eighty-three at Plainfield County of Hendricks State of Indiana, Groom Bobby Joe Burdine of Marion County, State of Indiana and, Bride Kathy Ann Haltom of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 18th day of June, 1983.

Signed /s/Johnnie Edwards

Official Designation Evangelist
22nd 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____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 300

File

MALE

Medical Examination Report Dated 6-3-83

Name of Physician Lovall

FEMALE

Medical Examination Report Dated 6-14-83

Name of Physician Lovall

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
Ralph Jay Butts
Date of Birth Month Day Year
May 11 1952
Place of Birth (State or foreign country)
Indiana
Residence Address Street or R. R. City County State
215 Urbanist 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?
If 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.
Corinna Dawn Butts

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

If answer is "yes", it is required that this Application be 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 Leve Butts

Residence of father (if deceased so state): Michigan

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Betty June Huffman

Residence of mother (if deceased so state): Michigan

Birthplace of mother (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: Ralph Jay Butts

New Address: Same as above

Subscribed and sworn to before me this 14 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:

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First Middle Last
Cheryl Lee McClellan
Date of Birth Month Day Year
December 31 1956
Place of Birth (State or foreign country)
Indiana
Residence Address Street or R. R. City County State
215 Urbanist 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?
If 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 Nicholas Hider Jr.

Residence of father (if deceased so state): Indiana

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Sandra Kay Schmidt

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: Cheryl Lee McClellan

New Address: 215 Urbanist

Subscribed and sworn to before me this 14 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:

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Court by written order issued... 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 21 day of June 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 W. SMART hereby certify that on the 25 day of June 1983, at Danville, County of Hendricks, State of Indiana, Groom RALPH JAY BUTTS and, Bride CHERYL LEE MCCLELLAN of HENDRICKS County, State of INDIANA

one thousand nine hundred and eighty three

State of Indiana, Groom RALPH JAY BUTTS of HENDRICKS County, State of INDIANA

and, Bride CHERYL LEE MCCLELLAN of HENDRICKS County, State of INDIANA

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

County.

Dated this 25 day of June 1983

Signed: /s/ Jerry W. Smart

Official Designation: Pastor

Signed: Mary Jane Russell HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 29 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

Re-Marriage
STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 301
File 6-14-83
Date of Application

MALE
Medical Examination Report Dated 5-19-83
Name of Physician Sudder

FEMALE
Medical Examination Report Dated 5-19-83
Name of Physician Sudder

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

MALE APPLICANT

Name Mark A. Case
Date of Birth 11 7 1957
Place of Birth (State or foreign country) Portsmouth VA.
Residence Address 22 E. 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) 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.
Mark A. Case Jr.
Jamie Jeanette Case

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

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

8. Full name of father Virgil Merrell Case

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

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Alice Jean Bentley

Residence of mother (if deceased so state) B'burg, 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.

Signed Mark A. Case

New Address Same

Subscribed and sworn to before me this 14 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:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Jeanette L. Case
Date of Birth 2 20 1958
Place of Birth (State or foreign country) Indpls Ind.
Residence Address 22 E. 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) 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.
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 Roy Edward Boyfo, Jr.

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 Ulanda Durham

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.

Signed Jeanette L. Case

New Address Same

Subscribed and sworn to before me this 14 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:

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 20 day of June, 1983, authorizing the joining together as husband and wife

of Mark A. Case and Jeanette L. Case
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jerry R. Nash hereby certify that on the 2nd day of July,
one thousand nine hundred and eighty-three at Brownsburg, County of Hendricks,
State of Indiana, Groom Jerry R. Nash of Hendricks County, State of Indiana
and, Bride Jeanette L. Case of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 2nd day of July, 1983

Signed /s/ Jerry R. Nash

Official Designation Pastor
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. 302
File 6-14-83
Date of Application

MALE
Medical Examination Report Dated 6-7-83
Name of Physician Haggard

FEMALE
Medical Examination Report Dated 6-7-83
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 First Harold Middle Dwayne Last Piersall
Date of Birth Jan 7 1913
Place of Birth (State or foreign country) Illinois
Residence Address R.R. 1 Box 112 N. Salem 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: Dick Piersall
Residence of father (if deceased so state): deceased
Birthplace of father (State or foreign country): Illinois
9. Full maiden name of mother: Lizzie Hicks
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 Harold Dwayne Piersall

New Address Florida

Subscribed and sworn to before me this 14 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 Hendricks County Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Hendricks Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 20 day of June, 1983 authorizing the joining together as husband and wife HAROLD DWAYNE PERSALL and VIRGINIA RUTH JONES

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. DAVID LANG hereby certify that on the 24 day of June, one thousand nine hundred and eighty three at Danville, County of Hendricks, State of Indiana, Groom HAROLD DWAYNE PERSALL of Hendricks County, State of Indiana, and, Bride VIRGINIA RUTH 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 Hendricks County.

Dated this 24 day of June, 1983.

Signed /s/ David Lang
Official Designation Associate Minister
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. 303
File 6-14-83
Date of Application

MALE
Medical Examination Report Dated 6-10-83
Name of Physician Thomas Black

FEMALE
Medical Examination Report Dated 6-10-83
Name of Physician Thomas 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 Greg Grant Griffin
Date of Birth Feb. 12 1959
Place of Birth (State or foreign country) Arkansas
Residence Address 578 Lombardi Rd Ind
Previous Marital 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 Gerald Grant Griffin

Residence of father (if deceased so state) Ryd

Birthplace of father (State or foreign country) Michigan

9. Full maiden name of mother Sandra Sue Letbetter

Residence of mother (if deceased so state) Ryd

Birthplace of mother (State or foreign country) Arkansas

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

Signed X Gregory A. Liff

New Address 105 Diplomat Ct. S

Subscribed and sworn to before me this 14 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:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Susan Dean Masterson
Date of Birth April 13 1961
Place of Birth (State or foreign country) Indiana
Residence Address 105 Diplomat Ct. Beech Grove Ind
Previous Marital 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 Basil Joseph Masterson

Residence of father (if deceased so state) Clowardale

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Janet Marie Hoyt

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 X Susan D Masterson

New Address 105 Diplomat Ct. Beech Grove 46107

Subscribed and sworn to before me this 14 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:

Signed _____ Father

Signed _____ Mother

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

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior II Court by written order issued 3 day waiver and filed in Clerk's 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 14th day of June, 1983, authorizing the joining together as husband and wife

and John Maki

one thousand nine hundred and 83 hereby certify that on the 18th day of June

State of Indiana, Groom Greg Grant Griffin at speedway, County of Marion

and, Bride Susan Dean Masterson of Hendricks County, State of Indiana

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

Dated this 18th day of May, 1983.

Signed Rev John O Malin
Official Designation Minister of the United Church of Christ

Filed and recorded in accordance with the laws of the State of Indiana this 23 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. 304

File 6-14-83
Date of Application

MALE
Medical Examination Report Dated 6-6-83
Name of Physician Greist

FEMALE
Medical Examination Report Dated 6-6-83
Name of Physician Greist

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

MALE APPLICANT

Name Kenneth Wayne Barr
Date of Birth 7/1/1963
Place of Birth Marion Co. Ind.
Residence Address 16 Elm Dr. Plainfield Hend. Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

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

8. Full name of father: Bruce E. Barr
Residence of father (if deceased so state): Monrovia Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Judith A. Collins
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: Kenneth Barr
New Address: 16 Elm Dr. Plainfield Ind.

Subscribed and sworn to before me this 14 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, 1983
Clerk

FEMALE APPLICANT

Name Marianne Kolodziej
Date of Birth 8/30/1964
Place of Birth Danville Ind.
Residence Address 16 Elm Dr. Plainfield 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: Casimer Kolodziej
Residence of father (if deceased so state): Ill Ind.
Birthplace of father (State or foreign country): Massachusetts
9. Full maiden name of mother: Norma Mae Brown
Residence of mother (if deceased so state): Ill Ind.
Birthplace of mother (State or foreign country): Massachusetts

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

Signed: Marianne Kolodziej
New Address: 16 Elm Dr. Plainfield Ind.

Subscribed and sworn to before me this 14 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 14 day of June, 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 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 14 day of June, 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, Henderson Davis, hereby certify that on the 18th day of June, 1983, at Plainfield, Hendricks County, State of Indiana, one thousand nine hundred and eighty-three, Kenneth Wayne Barr of Hendricks County, State of Indiana, and Marianne Kolodziej of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 18th day of June, 1983
Signed: /s/Henderson Davis
Pastor

Official Designation: June 1983
Signed: Mary Jane Russell
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 21st 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. 305

File June 15, 1983
Date of Application

MALE
Medical Examination Report Dated 6-4-83
Name of Physician D. Harris

FEMALE
Medical Examination Report Dated 6-4-83
Name of Physician D. Harris

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

MALE APPLICANT

Name Eddie Jay Lee
Date of Birth July 27 1963
Place of Birth (State or foreign country) Ind.
Residence Address RR 2 Box 342 Roachdale, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

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

8. Full name of father Edward J. Lee
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Glenn Fullwider
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) W. Va.

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

Signed Eddie J. Lee
New Address RR 2 Box 342 Roachdale

Subscribed and sworn to before me this 15 day of June, 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:

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN 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 June, 19 83, authorizing the joining together as husband and wife
Eddie Jay Lee and Shannon Lee Moody

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

Kiah Rayl hereby certify that on the 25th day of June,
one thousand nine hundred and eighty-three at Bloomington, County of Monroe
State of Indiana, Groom Eddie Jay Lee of Putnam County, State of Indiana
and, Bride Shannon Lee Moody of Hendricks County, State of Indiana
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 25th day of June, 19 83

Signed /s/Kiah Rayl
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of July, 19 83
Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Shannon Lee Moody
Date of Birth Nov. 4 1963
Place of Birth (State or foreign country) Ind.
Residence Address RR 1 Box 304 B Pittsboro, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

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

8. Full name of father David A. Moody
Residence of father (if deceased so state) Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Judith D. Allen
Residence of mother (if deceased so state) Pittsboro
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 Shannon L. Moody
New Address RR 2 Box 342 Roachdale

Subscribed and sworn to before me this 15 day of June, 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:

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. 306
File 6-15-83
Date of Application

MALE
Medical Examination Report Dated 6-8-83
Name of Physician Alice Minter-Sauer MD.

FEMALE
Medical Examination Report Dated 6-8-83
Name of Physician Alice Minter-Sauer

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

MALE APPLICANT

Name Johnathon Spencer
Date of Birth 12/1/1957
Place of Birth (State or foreign country) Anderson, In
Residence Address 3985 N. 1000 E Brownsburg, In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ 1 times
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: William Edward Spencer
Residence of father (if deceased so state): Indianapolis, In
Birthplace of father (State or foreign country): Ind
9. Full maiden name of mother: Wilma Mae Anderson
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 John W. Spencer
New Address 3985 N 1000 E Brownsburg

Subscribed and sworn to before me this 15th 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 Donna Jo Rockhill
Date of Birth 5/7/1962
Place of Birth (State or foreign country) Indianapolis, In
Residence Address 3985 N. 1000 E Brownsburg, In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver 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: Harry Harry Wayne Rockhill
Residence of father (if deceased so state): Speedway, In
Birthplace of father (State or foreign country): Michigan
9. Full maiden name of mother: Betty Jean Brown
Residence of mother (if deceased so state): Speedway, In
Birthplace of mother (State or foreign country): Indiana

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

Signed Donna J Rockhill
New Address 3985 N 1000 E Brownsburg

Subscribed and sworn to before me this 15 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 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 June, 1983, authorizing the joining together as husband and wife

Johnathon William Spencer and Donna Jo Rockhill

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

1. Reverend G. Philip Isgrigg hereby certify that on the 2nd day of July, one thousand nine hundred and eighty-three at Brownsburg, County of Hendricks, State of Indiana, Groom Johnathon William Spencer of Hendricks County, State of Indiana and, Bride Donna Jo Rockhill of Hendricks County, State of Indiana

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 July, 1983

Signed /s/ Rev. G. Philip Isgrigg
United Methodist 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 _____ 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. 307
File 6-15-83
Date of Application

MALE
Medical Examination Report Dated 6-14-83
Name of Physician Haggard

FEMALE
Medical Examination Report Dated 6-14-83
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 Michael Alan Reese
Date of Birth Month Day Year

Place of Birth (State or foreign country)

Residence Address 1925 High Eagle Tr. #842 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: Loren Gene Reese

Residence of father (if deceased so state): Indpls.

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Patricia J. Preston

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.

Signed Michael Alan Reese

New Address 1925 High Eagle Tr. #842

Subscribed and sworn to before me this 15 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:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Cindy Michelle Dinsmore
Date of Birth Month Day Year

Place of Birth (State or foreign country)

Residence Address R.R. 1 Box 72 Pittsboro Ind

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

8. Full name of father: William Wayne Dinsmore

Residence of father (if deceased so state): Indpls.

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Carolyn Ann Woodard

Residence of mother (if deceased so state): Pittsboro

Birthplace of mother (State or foreign country): Indiana

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

Signed Cindy M. Dinsmore

New Address 1925 High Eagle Tr. #842

Subscribed and sworn to before me this 15 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:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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

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

I, JOHN THOMAS SEXTON hereby certify that on the 25 day of June

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

State of Indiana, Groom MICHAEL ALAN REESE of MARION County, State of INDIANA

and, Bride CINDY MICHELLE DINSMORE of HENDRICKS County, State of INDIANA

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

Dated this 25 day of June, 1983

Signed /s/ John Thomas Sexton

Official Designation MINISTER

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 29 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. 308

File 6-15-83
Date of Application

MALE
Medical Examination Report Dated 6-7-83
Name of Physician Neely

FEMALE
Medical Examination Report Dated 6-7-83
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 Kel Allen Rooker
Date of Birth April 16 1963
Place of Birth (State or foreign country) Indiana
Residence Address P.O. Box 1474 Martinsville Morgan Co.
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 Jack Myrick Rooker
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Norma Carral Hughes
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 Kel A. RookerNew Address P.O. Box 1474 Martinsville Ind 40641

Subscribed and sworn to before me this 15 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 Janet Ruth Trester
Date of Birth April 9 1963
Place of Birth (State or foreign country) Indiana
Residence Address RR #1 Box 2214 North Salem Hendricks Co.
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 Alan Frank Trester
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Wis.
9. Full maiden name of mother Sandra Jo Smith
Residence of mother (if deceased so state) 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 Janet R. Trester

New Address _____

Subscribed and sworn to before me this 15 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 _____ 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 21 day of June, 1983, authorizing the joining together as husband and wife

of Kel Allen Rooker and Janet Ruth Trester

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

I, Daniel E. Bidle hereby certify that on the 25th day of June, County of Morgan

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

State of Indiana, Groom Kel Allen Rooker of Morgan County, State of Indiana

and, Bride Janet R. Trester of Hendricks County, State of Indiana

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/ Daniel E. Bidle Minister

Official Designation 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. 309
File 6-16-83
Date of Application

MALE
Medical Examination Report Dated 6-14-83
Name of Physician Nichols

FEMALE
Medical Examination Report Dated 6-14-83
Name of Physician Timothy Nichols

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

MALE APPLICANT

Name Danny English
Date of Birth 3 2 1960
Place of Birth (State or foreign country) Indiana
Residence Address 2340 Nowling Ln. 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) 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 Carl Earnest English
Residence of father (if deceased so state) Indianapolis Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Loretta Marie Hake
Residence of mother (if deceased so state) Moppsville 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 Danny V. English
New Address 2340 Nowling Ln. Indianapolis

Subscribed and sworn to before me this 16 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:

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Lisa Zigler
Date of Birth 8 1 1965
Place of Birth (State or foreign country) Indiana
Residence Address #4 Michael Dr. Peoria Ind.
Previous Marital 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 Kenneth C. Zigler
Residence of father (if deceased so state) Plainfield, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Beverly Rose Batts
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 Lisa Jane Zigler
New Address 2340 Nowling Ln

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 June, 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, Paul N. Ellis hereby certify that on the 24th day of June,
one thousand nine hundred and Eighty-three at Indianapolis,
State of Indiana, Groom Danny V. English of Marion County, State of Indiana
and, Bride Lisa Jane Zigler of Hendricks County, State of Indiana
were by me united 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 Paul N. Ellis
Official Designation Bishop

Filed and recorded in accordance with the laws of the State of Indiana this 30th day of June, 1983
Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 310

File 6-16-83
Date of Application

MALE
Medical Examination Report Dated 6-2-83
Name of Physician Garnet R. Harris

FEMALE
Medical Examination Report Dated 6-2-83
Name of Physician Garnet R. Harris

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

MALE APPLICANT

Name Marvin R. Benge
Date of Birth 8 29 1958
Place of Birth Indianapolis, In.
Residence Address 546 Spruce St., 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) Driver's License w/ Pic.

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

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

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

8. Full name of father Richard J. Benge
Residence of father (if deceased so state) Plainfield, In.
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Nelsia Jeanne Juller
Residence of mother (if deceased so state) Plainfield, 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 HENDRICKS

Signed M. R. Benge
New Address 546 Spruce St. Plainfield, In. 46168

Subscribed and sworn to before me this 16th 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 HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Shari Lee Cook
Date of Birth 7 24 1964
Place of Birth Valley, California
Residence Address 546 Spruce St., 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?
If 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 J. Cook
Residence of father (if deceased so state) Cicero, In.
Birthplace of father (State or foreign country) Cicero, In.
9. Full maiden name of mother Patricia Lee Chance
Residence of mother (if deceased so state) Cicero, In.
Birthplace of mother (State or foreign country) Noblesville, In.

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

Signed Shari Lee Cook
New Address 546 Spruce St. Plainfield, In. 46168

Subscribed and sworn to before me this 16th 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 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 21st day of June, 1983, authorizing the joining together as husband and wife of MARVIN R. BENGE and SHARI LEE COOK

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, STANLEY R. SUTTON hereby certify that on the 25 day of June,
one thousand nine hundred and eighty three at Noblesville County of HAMILTON
State of Indiana, Groom MARVIN R. BENGE of HENDRICKS County, State of INDIANA
and, Bride SHARI LEE COOK of HENDRICKS County, State of INDIANA

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 25 day of June, 1983

Signed /s/ Stanley R. Sutton
MINISTER

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 29 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. 311
File _____
Date of Application June 17, 1983

MALE
Medical Examination Report Dated 6-7-83
Name of Physician Jukes

FEMALE
Medical Examination Report Dated 6-8-83
Name of Physician Jukes

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

MALE APPLICANT

Name Charles L. Collins
Date of Birth July 11 1955
Place of Birth (State or foreign country) Indiana
Residence Address 4145 N. 575E 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 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 Vesno L. Collins
Residence of father (if deceased so state) 211 W. Tilden, Brownsburg
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen Monday
Residence of mother (if deceased so state) 211 W. Tilden 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 [Signature]

New Address 8283 Heatherston Circle #B Indianapolis

Subscribed and sworn to before me this 17 day of June, 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 Lousie A. Wright
Date of Birth August 20 1958
Place of Birth (State or foreign country) Michigan
Residence Address 8283 Heatherston Circle #B Indianapolis Marion
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

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

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

8. Full name of father Henry W. Reed
Residence of father (if deceased so state) 11601 W. Gera Rd, Mich
Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Bessaline M. Williams
Residence of mother (if deceased so state) 11601 W. Gera, Michigan
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 [Signature]

New Address 8283 Heatherston Circle #B Indianapolis

Subscribed and sworn to before me this 17 day of June, 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 _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the _____ HENDRICKS _____ Circuit Court of Indiana dated the 25 day of June, 19 83, authorizing the joining together as husband and wife of Charles L. Collins and Laurie A. Wright.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jerry R. Nash hereby certify that on the 2nd day of July, one thousand nine hundred and eighty-three at Brownsburg, County of Hendricks, State of Indiana, Groom Charles L. Collins of Hendricks County, State of Indiana and, Bride Laurie A. Wright 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 2nd day of July, 19 83

Signed /s/ Jerry R. Nash

Official Designation Pastor
5th day of July, 19 83

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

497

No. 312
File 6-17-83
Date of Application

MALE
Medical Examination Report Dated 6-14-83
Name of Physician Joley

FEMALE
Medical Examination Report Dated 6-14-83
Name of Physician Joley

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

MALE APPLICANT

Name First Earnest Middle M. Last Beard
Date of Birth Month 11 Day 28 Year 1920
Place of Birth (State or foreign country) Johnson Co Ind
Residence Address Street or R. R. 5031 McCray City Speedway 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

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If 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 Jess Martin Beard
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Della Gertz
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 Earnest M. Beard
New Address 5031 McCray St.

Subscribed and sworn to before me this 17 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 Hendricks

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Pamela Middle P. Last Williams
Date of Birth Month 10 Day 24 Year 1925
Place of Birth (State or foreign country) London England
Residence Address Street or R. R. 440 Douglas Dr. City Bury 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

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If 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 Levi Guillym Pierce
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) England

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

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

Signed Pamela P. Williams
New Address 440 Douglas Dr. Bury

Subscribed and sworn to before me this 17 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 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 Sup #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

Be 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 June 1983, authorizing the joining together as husband and wife of Earnest M. Beard and Pamela P. Williams

Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, John C. Mowrer hereby certify that on the 17th day of June at Danville County of Hendricks

one thousand nine hundred and eighty-three of Marion County, State of Indiana and, Bride Pamela P. 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 Hendricks County. Dated this 17th day of June 1983

Signed /s/ John C. Mowrer, Judge
Hendricks Superior Court #2
Official Designation June 1983
Signed _____ 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. 313
File 6-17-83
Date of Application

MALE
Medical Examination Report Dated 6-8-83
Name of Physician Lovall

FEMALE
Medical Examination Report Dated 6-8-83
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 Gregory allan Runiyon
Date of Birth March 11 1964
Place of Birth (State or foreign country) Indiana
Residence Address 252 W. Broadway 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 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 Harley Edward Runiyon
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Elizabeth Ann Gregg
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 Gregory Allan Runiyon

New Address 252 W. Broadway

Subscribed and sworn to before me this 17 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 Laura ann allen
Date of Birth June 15 1965
Place of Birth (State or foreign country) Indiana
Residence Address R.R. #1 Box 128cc Northbrook 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 Larry Wayne Allen
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Ky.

9. Full maiden name of mother Joe Ann Sapp
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 Laura Ann Allen

New Address 252 W. Broadway

Subscribed and sworn to before me this 17 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 HENDRICKS County Superior II Court by written order issued 3 day waiver and filed in clerk's office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 17 day of June, 1983, authorizing the joining together as husband and wife

GREGORY ALLAN RUNIYON and LAURA ANN ALLEN

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

I, John C. Mowrer hereby certify that on the 23rd day of June, at Danville, County of Hendricks, State of Indiana, Groom Gregory Allan Runiyon of Hendricks County, State of Indiana and, Bride Laura Ann Allen of Hendricks County, State of Indiana

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

Dated this 23rd day of June, 1983.

Signed/s/ John C. Mowrer

Official Designation Judge, Hend. Co. Superior Court #2
24th 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____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

499

MALE
Medical Examination Report Dated 6-14-83
Name of Physician Sunderman

FEMALE
Medical Examination Report Dated 6-14-83
Name of Physician Sunderman

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to 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 William Schindler Jr.
Date of Birth July 14 1965
Place of Birth (State or foreign country) Indiana
Residence Address 17 Jennifer Lane B'burg Hendricks, In
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

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

8. Full name of father John William Schindler, Jr.
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Laura May Proctor
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 John William Schindler Jr.
New Address 17 Jennifer Lane

Subscribed and sworn to before me this 17 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 John William Schindler, Jr. Father
Signed Laura May Schindler Mother

Subscribed and sworn to before me this 17 day of June, 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

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 21st day of June, 1983, authorizing the joining together as husband and wife JOHN WILLIAM SCHINDLER, JR. and TERESA LYNN JANNEY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, ORVAL V. SUTTON hereby certify that on the 25 day of June, one thousand nine hundred and EIGHTY THREE at INDIANAPOLIS County of MARION State of Indiana, Groom JOHN WILLIAM SCHINDLER, JR. of HENDRICKS County, State of INDIANA and, Bride TERESA LYNN JANNEY 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 25 day of June, 1983.

Signed /s/ Orval V. Sutton
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 29 day of June, 1983.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

501

MALE
Medical Examination Report Dated 6-16-83
Name of Physician Clark

FEMALE
Medical Examination Report Dated 6-20-83
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 M. Doub
Date of Birth 9 19 1944
Place of Birth (State or foreign country) Ind.
Residence Address RR1 Box 165 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) 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: Dana Michele Doub

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

8. Full name of father: Vergil H. Doub
Residence of father (if deceased so state): North Salem Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Jane Robbins
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.

Signed David M. Doub
New Address Same
Subscribed and sworn to before me this 20 day of June, 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 Sharon L. Stringer Bryan
Date of Birth 5 12 1950
Place of Birth (State or foreign country) Ind.
Residence Address RR1 Box 165 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) 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: Bradley David Bryan
Stacy Jo Bryan

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

8. Full name of father: Junior L. Stringer
Residence of father (if deceased so state): Lakeland, Fla.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Dorothy M. Callahan
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 Sharon L. Bryan
New Address Same
Subscribed and sworn to before me this 20 day of June, 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 _____, 1983, authorizing the joining together as husband and wife of Indiana dated the 24 day of June, 1983, and SHARON L. BRYAN
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 June, 1983, at DANVILLE County of HENDRICKS, State of INDIANA, Groom DAVID M. DOUB of HENDRICKS County, State of INDIANA, and, Bride SHARON L. BRYAN of HENDRICKS County, State of INDIANA 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 June, 1983.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1983
Signed John C. Mowrer Judge
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. 317
File 6-20-83
Date of Application

MALE
Medical Examination Report Dated 6-14-83
Name of Physician David B. Haggard MD

FEMALE
Medical Examination Report Dated 6-14-83
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 Henry Lee Heymig
Date of Birth Oct 10 1958
Place of Birth (State or foreign country) Indianapolis, In
Residence Address 238 Elm St. 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) _____

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

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

8. Full name of father Nicholas Heymig
Residence of father (if deceased so state) Plainfield, In
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Mary Jane Aders
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 Henry Lee Heymig
New Address 238 Elm St

Subscribed and sworn to before me this 20 day of June, 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 Linda Sue Ewell
Date of Birth 4 28 1961
Place of Birth (State or foreign country) Indianapolis, In
Residence Address 238 Elm 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 Austin R. Ewell
Residence of father (if deceased so state) Unknown
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Jane C. Crump
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.
County of _____

Signed Linda Sue Ewell
New Address 238 Elm St

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 June, 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, GERALD J. KLASSEN hereby certify that on the 25 day of June

one thousand nine hundred and EIGHTY THREE at PLAINFIELD

State of Indiana, Groom HENRY LEE HEYMIG of HENDRICKS County of HENDRICKS

and, Bride LINDA SUE EWELL of HENDRICKS County, State of INDIANA

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

Dated this 25 day of JUNE, 19 83.

Signed /s/ Gerald J. Klassen

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of June, 19 83.

Signed Mary Jane Russell

Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 318
File 6-20-83
Date of Application

MALE
Medical Examination Report Dated 6-13-83
Name of Physician Dr. [Signature]

FEMALE
Medical Examination Report Dated 6-13-83
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 Richard A. Middle Hutchison Last
Date of Birth April 23 1956
Place of Birth (State or foreign country) Illinois
Residence Address 1425 Rose Ct, Plainfield Hendricks IN
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Eugene Hutchison
Residence of father (if deceased so state) 513 Hidden Valley, Plainfield IN
Birthplace of father (State or foreign country) Illinois

9. Full maiden name of mother Nina Mae Boyce
Residence of mother (if deceased so state) Plainfield, 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 Richard A. Hutchison
New Address 1425 Rose Ct.

Subscribed and sworn to before me this 20 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 First Cynthia K. Middle Freund Last
Date of Birth August 22 1956
Place of Birth (State or foreign country) Indiana
Residence Address 1425 Rose Ct, Plainfield Hendricks IN
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

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

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

8. Full name of father Garland E. Lockard
Residence of father (if deceased so state) 3417 W. Perry, Indianapolis IN
Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Rosemary Hubbard
Residence of mother (if deceased so state) Indianapolis, 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.
County of

Signed Cynthia K. Freund
New Address 1425 Rose Ct.

Subscribed and sworn to before me this 20 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 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 24 day of June, 1983, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Richard A. Hutchison and Cynthia K. Freund

1. Rev. William P. Hendricks hereby certify that on the 25th day of June, 1983, at Avon, Hendricks County, State of Indiana

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

State of Indiana, Groom Richard A. Hutchison of Hendricks County, State of Indiana

and, Bride Cynthia K. Freund of Hendricks County, State of Indiana

were by me united 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 June, 1983

Signed /s/Rev. William P. Hendricks
Pastor

Official Designation 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 _____

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 319
File 6-20-83
Date of Application

MALE
Medical Examination Report Dated 6-14-83
Name of Physician Baker

FEMALE
Medical Examination Report Dated 6-14-83
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 Larry James Hobson
Date of Birth March 1952
Place of Birth (State or foreign country) Indiana
Residence Address 415 Trevor Brownsburg Hendricks IN
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the 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. Hobson
Residence of father (if deceased so state) Indianapolis IN
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorothy M. Johnson
Residence of mother (if deceased so state) Indianapolis IN
Birthplace of mother (State or foreign country) Indiana

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

Signed Larry James Hobson
New Address 415 Trevor Brownsburg Ind

Subscribed and sworn to before me this 20 day of June, 1983
Maryanne Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Kimberly Lynn
Date of Birth October 19 1957
Place of Birth (State or foreign country) Indiana
Residence Address 415 Trevor Brownsburg Hendricks IN
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

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

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

Signed Kimberly L. Lynn
New Address 415 Trevor Brownsburg IN

Subscribed and sworn to before me this 20 day of June, 1983
Maryanne Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 24 day of June, 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, GARY C. BLACK hereby certify that on the 25 day of June, one thousand nine hundred and EIGHTY THREE at INDIANAPOLIS, County of MARION, State of Indiana, Groom LARRY J. HOBSON of MARION County, State of INDIANA and, Bride KIMBERLY L. LYNN of HENDRICKS County, State of INDIANA were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County. Dated this 25 day of June, 1983.

Signed /s/ Gary C. Black

Official Designation MINISTER

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

Signed Maryanne Russell Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

505

No. 320

File

MALE

Medical Examination Report Dated

6-16-83

Name of Physician

Haggard

FEMALE

Medical Examination Report Dated

6-20-83

Date of Application

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 Drew William Stevenson
Date of Birth February 13 1964
Place of Birth (State or foreign country) Indiana
Residence Address 1401 Miami Court, Plfld. 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) None

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

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

8. Full name of father Leland Maurice Stevenson
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorothy Grace Ledgerwood
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 Drew W. Stevenson
New Address 1401 Miami Ct. So.

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 Deborah Dawn Heacox
Date of Birth July 13 1963
Place of Birth (State or foreign country) Florida
Residence Address 508 Redfern Buckhorn Marion 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 Larry Leon Heacox
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nancy Elizabeth Baird
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 Deborah D. Heacox
New Address 1401 Miami Ct. S. Plainfield, Ind.

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, 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 24 day of June, 1983, authorizing the joining together as husband and wife of DREW WILLIAM STEVENSON and DEBORA DAWN HEACOX.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, JOHNNIE EDWARDS, hereby certify that on the 24 day of June, 1983, at PLAINFIELD, County of HENDRICKS, State of INDIANA, Groom DREW WILLIAM STEVENSON of HENDRICKS County, State of INDIANA, and, Bride DEBORA DAWN HEACOX of MARION 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 24 day of June, 1983.

Signed /s/ Johnnie Edwards

Official Designation E.VANGELIST, 1983
June

Signed Mary Jane Russell HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 29 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. 321

File

6-20-83
Date of Application

MALE

Medical Examination Report Dated 6-20-83

Name of Physician R. Stegmaller

FEMALE

Medical Examination Report Dated 6-20-83

Name of Physician R. Stegmaller

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

MALE APPLICANT

Name Scott Andrew White
Date of Birth Aug 18 1964
Place of Birth (State or foreign country) Ind.
Residence Address 3542 Spanner Port Dr. Indianapolis, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If 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 Donald E. White

Residence of father (if deceased so state) Indpls. Ind.

Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Kay Harlan

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 Scott White

New Address 1646 Tarpon, Plainfield

Subscribed and sworn to before me this 20 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 Markana Marie Van Horn
Date of Birth June 1 1964
Place of Birth (State or foreign country) Ind.
Residence Address 2442 Township Line 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.

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

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

Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Judy Lark

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 Markana Marie Van Horn

New Address 1646 Tarpon, Plainfield

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 June, 1983, authorizing the joining together as husband and wife Scott Andrew White and Markana Marie VanHorn

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

I, John Caldwell hereby certify that on the 9th day of July

one thousand nine hundred and eighty-three at Avon

State of Indiana, Groom Scott Andrew White at Marion, County of Hendricks

and, Bride Markana Marie VanHorn of Hendricks County, State of Indiana

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

Dated this 9th day of July, 1983

Signed s/John Caldwell

Official Designation Minister

12th 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. 322

File

6-20-83
Date of Application

MALE

Medical Examination Report Dated

6-16-83

Name of Physician

Clark

FEMALE

Medical Examination Report Dated

6-16-83

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 Donald Robinson
Date of Birth 10 16 1955
Place of Birth (State or foreign country) Crawfordsville Ind.
Residence Address Box 33 Linton Hend Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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. Robinson
Residence of father (if deceased so state): Roachdale Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Mary M. Egger's
Residence of mother (if deceased so state): Roachdale 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 E. RobinsonNew Address Same

Subscribed and sworn to before me this 20 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 Donna Kay Manco
Date of Birth 6 30 1963
Place of Birth (State or foreign country) Ind.
Residence Address Box 33 Linton Hend Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the 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: Sepe Manco
Residence of father (if deceased so state): Ind. Ind.
Birthplace of father (State or foreign country): Kentucky
9. Full maiden name of mother: Joan Marie Costello
Residence of mother (if deceased so state): Linton 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 Donna K. MancoNew Address Same

Subscribed and sworn to before me this 20 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 _____ 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 24 day of June, 1983, and DONALD STEVEN ROBINSON and DONNA KAY MANCO
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, GARY S. LINTON, hereby certify that on the 25 day of June, _____, County of PUTNAM,
one thousand nine hundred and eighty three at BARNARD County, State of INDIANA
State of Indiana, Groom DONALD STEVEN ROBINSON of HENDRICKS County, State of INDIANA
and, Bride DONNA KAY MANCO of HENDRICKS County, State of INDIANA

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

Dated this 25 day of June, 1983. Signed /s/ Gary S. Linton
Official Designation MINISTER, 1983

Filed and recorded in accordance with the laws of the State of Indiana this 29 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. 323
File 6-21-83
Date of Application

MALE
Medical Examination Report Dated 6-8-83
Name of Physician Dascoli 6-8-83

FEMALE
Medical Examination Report Dated 6-9-83
Name of Physician Dascoli

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

MALE APPLICANT

Name Jerry Lee Weddle Jr.
Date of Birth February 22 1962
Place of Birth (State or foreign country) Indiana
Residence Address 40 N. Green St. apt 3 B'burg 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.

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

8. Full name of father Jerry Lee Weddle Sr.
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rosemary Jane Brookings
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 Jerry L. Weddle Jr.
New Address 40 N. Green St. apt 3

Subscribed and sworn to before me this 21 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:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Dana Lynn Patterson
Date of Birth May 5 1965
Place of Birth (State or foreign country) Indiana
Residence Address 4685 N. 575 E. B'burg 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 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 Vergil Leon Patterson
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Linda Lou Cep
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 Dana L. Patterson
New Address 4685 N. 575 E. B'burg

Subscribed and sworn to before me this 21 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:

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 27 day of June, 1983, authorizing the joining together as husband and wife of Jerry Lee Weddle, Jr. and Dana Lynn Patterson

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

I, Jerry R. Nash hereby certify that on the 2nd day of July, 1983, at Brownsburg, County of Hendricks, State of Indiana, Groom Jerry Lee Weddle, Jr. of Hendricks County, State of Indiana, and, Bride Dana Lynn Patterson of Hendricks County, State of Indiana, 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 July, 1983.

Signed /s/ Jerry R. Nash

Official Designation Pastor
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. 324

File 6-21-83
Date of Application

MALE
Medical Examination Report Dated 6-17-83
Name of Physician James Black MD.

FEMALE
Medical Examination Report Dated 6-17-83
Name of Physician James Black MD.

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

MALE APPLICANT

Name First 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) Dr. James 313-80-743
- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed?
 - Are you afflicted with a transmissible disease?
 - Are you related to the female applicant closer than second cousin?
 - Are you now under the influence of intoxicating liquor?
 - Are you now under the influence of a narcotic drug?
 - List the full names of any dependent children

7. Are you required by any court order or orders to support the above dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Charles L. Deckert
Residence of father (if deceased so state): Indianapolis, In.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Ann Allen
Residence of mother (if deceased so state): Indianapolis, In.
Birthplace of mother (State or foreign country): Tenn.

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

Signed Ferrell Deckert

New Address 2144 Ishnola

Subscribed and sworn to before me this 21 day of June, 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:

Signed _____ Father
Signed _____ Mother

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

FEMALE APPLICANT

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

- ☒ Other (Specify) Drivers License
- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed?
 - Are you afflicted with a transmissible disease?
 - Are you related to the male applicant closer than second cousin?
 - Are you now under the influence of intoxicating liquor?
 - Are you now under the influence of a narcotic drug?
 - List the full names of any dependent children

7. Are you required by any court order or orders to support the above dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Jerry L. Tanner
Residence of father (if deceased so state): deceased
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Sandra L. Grissom
Residence of mother (if deceased so state): Indiana Texas
Birthplace of mother (State or foreign country): Indiana

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

Signed Susan Tanner

New Address 2144 Ishnola

Subscribed and sworn to before me this 21st day of June, 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:

Signed _____ Father
Signed _____ Mother

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Court by written order issued _____ 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 27 day of June, 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, Reverend William P. Hendricks, hereby certify that on the 2nd day of July, 1983, at _____, County of _____, State of _____, one thousand nine hundred and eighty-three _____ of _____, County, State of _____, and, Bride _____, 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 2nd day of July, 1983

Signed /s/ Rev. William P. Hendricks
Pastor July 1983

Official Designation 6th day of July 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. 325
File 6-21-83
Date of Application 6-7-83

MALE
Medical Examination Report Dated 6-6-83
Name of Physician Syrl

FEMALE
Medical Examination Report Dated 6-7-83
Name of Physician Beach

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

MALE APPLICANT

Name Thomas L. Noyes
Date of Birth March 15 1960
Place of Birth (State or foreign country) Indiana
Residence Address 4522 Anderson Rd, Newburgh Warrick IN 47630
Previous Marital Status: Never Married ☒ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Dean Noyes
Residence of father (if deceased so state) Pittsboro, IN
Birthplace of father (State or foreign country) Tracey Minnesota
9. Full maiden name of mother Patricia Ann Cooseman
Residence of mother (if deceased so state) Pittsboro, IN
Birthplace of mother (State or foreign country) Tracey Minnesota

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

Signed Thomas L. Noyes
New Address 4522 Anderson Rd, Newburgh IN 47630

Subscribed and sworn to before me this 21 day of June, 1983
Maury J. Pappano Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Smith
Date of Birth July 10 1959
Place of Birth (State or foreign country) Indiana
Residence Address PR 1 Box 311 Ellettsboro 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 Harold Leroy Smith
Residence of father (if deceased so state) Pittsboro, IN
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Eleanor Jane Blanton
Residence of mother (if deceased so state) Pittsboro, IN
Birthplace of mother (State or foreign country) Indiana

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

Signed Deborah J. Smith
New Address 4522 Anderson Rd. Newburgh IN 47630

Subscribed and sworn to before me this 21 day of June, 1983
Maury J. Pappano Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 June, 1982, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM A. PAPPANO hereby certify that on the 9th day of JULY,
one thousand nine hundred and 83 at BROWNSBURG, County of HENDRICKS,
State of Indiana, Groom THOMAS L. NOYES of WARRICK County, State of IN
and, Bride DEBORAH JANE SMITH of HENDRICKS County, State of IN
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County. _____
Dated this 9th day of JULY, 1983.

Signed /s/ WILLIAM A. PAPPANO

Official Designation CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of MAY, 1983.

Signed Maury J. Pappano Clerk
_____ HENDRICKS Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 326

File

6-21-83
Date of Application

MALE

Medical Examination Report Dated 6-10-83

Name of Physician R. S. Grief

FEMALE

Medical Examination Report Dated 6-12-83

Name of Physician Robert S. Grief

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

MALE APPLICANT

Name Gary A. Sagraves
Date of Birth March 2 1959
Place of Birth (State or foreign country) Johnson Co., KY
Residence Address 1207 William 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

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If 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 Elmo Sagraves
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Pauline May Parker
Residence of mother (if deceased so state) Paintsville, 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 Gary A. SagravesNew Address 1207 William Dr., Brownsburg, Ind.Subscribed and sworn to before me this 21 day of June, 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 _____ 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 27th day of June

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

I, John Cronin hereby certify that on the 29th day of June

one thousand nine hundred and eighty-three at Indianapolis

State of Indiana, Groom Gary A. Sagraves of Hendricks County, State of Indiana

and, Bride Teresa L. Hill of Hendricks County, State of Indiana

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 June, 1983

Signed /s/ John M. Cronin

Judge Pro-Tempore

Official Designation JulySigned 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. 327
File 6-21-83
Date of Application

MALE

Medical Examination Report Dated 6-11-83
Name of Physician Darmit R. Harris

FEMALE

Medical Examination Report Dated 6-11-83
Name of Physician Darmit 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 Robert V. Woodall
Date of Birth 1 7 1963
Place of Birth (State or foreign country) Dehman, Indiana
Residence Address 405 McKinley, North Salem, In. 46165
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If 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 Lee Woodall
Residence of father (if deceased so state) Indianapolis, In.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Madeline Woodall
Residence of mother (if deceased so state) North Salem, 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 Robert V. Woodall
New Address PO Box 19 Pittsboro, In 46167

Subscribed and sworn to before me this 21st 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:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Lorie June Cain
Date of Birth 11 28 1964
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 502 Ashburn St. Pittsboro, In. 46167
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If 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 Harold Cain
Residence of father (if deceased so state) Pittsboro, In.
Birthplace of father (State or foreign country) Ross, Illinois
9. Full maiden name of mother Jane Lorraine Thornsbrough
Residence of mother (if deceased so state) Pittsboro, In.
Birthplace of mother (State or foreign country) Alton, Illinois

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

Signed Lorie June Cain
New Address Box 19 Pittsboro, In 46167

Subscribed and sworn to before me this 21st 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:

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 June, 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 1st day of July, one thousand nine hundred and eighty-three at Lizton, County of Hendricks, State of Indiana, Groom Robert Vee Woodall of Hendricks County, State of Indiana and, Bride Lorie June 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 1st day of July, 1983.

Signed /s/ Rev. Raymond L. Rader
Official Designation Pastor
5th day of July, 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 IC 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 228
File

MALE
Medical Examination Report Dated 6-17-83
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 6-21-83
Name of Physician Thomas Walker MD

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 Jerome Middle Nelson Last Nelson
Date of Birth Month 7 Day 30 Year 1956
Place of Birth (State or foreign country) Brownsburg, Ind.
Residence Address 438 Douglas 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) Drivers 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?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. No ☐ Yes ☐

8. Full name of father Philip E. Nelson
Residence of father (if deceased so state) Brownsburg, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Kaye Jean Sheets
Residence of mother (if deceased so state) Brownsburg, Ind.
Birthplace of mother (State or foreign country) Frankfort, Ind.

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 438 Douglas Dr.

Subscribed and sworn to before me this 21 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 Hendricks County Court by written order issued _____ 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 June, 1983, authorizing the joining together as husband and wife of Jerome E. Nelson and Robin Hollingsworth

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 1st day of July, 1983, at Brownsburg, Hendricks County, State of Indiana, Groom Jerome E. Nelson and Bride Robin L. Hollingsworth of Hendricks County, State of Indiana, 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 July, 1983
Signed/s/ Rev. John M. Hall Catholic Priest
Official Designation July 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. 329
File 6-21-83
Date of Application

MALE
Medical Examination Report Dated 6-16-83
Name of Physician Patrick Foley MD.

FEMALE
Medical Examination Report Dated 6-21-83
Name of Physician Patrick Foley 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 Stephen P. Beard
Date of Birth May 11 1959
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 5428 Tara Ct. S.W. 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 Ronald Beard
Residence of father (if deceased so state) Speedway Ind.
Birthplace of father (State or foreign country) Ill.

9. Full maiden name of mother Mary Kath
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 HENDRICKS

Signed Stephen P. Beard

New Address 5428 Tara Ct. S.W.

Subscribed and sworn to before me this 21 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 HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Molly Jo Porter
Date of Birth June 18 1961
Place of Birth (State or foreign country) Crawfordsville Ind.
Residence Address 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) 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 Robert D. Porter
Residence of father (if deceased so state) North Salem, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Barbara M. King
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 HENDRICKS

Signed Molly Jo Porter

New Address 5428 Tara Ct. S.W.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24th day of June, 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, EARL C. DAVIS, hereby certify that on the 25 day of June, 1983, at North Salem, County of Hendricks, State of INDIANA, Groom STEPHEN P. BEARD and MOLLY JO PORTER were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 25 day of June, 1983

Signed /s/ Earl C. Davis

Official Designation Clergyman

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

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 330
File
672-83
Date of Application

MALE
Medical Examination Report Dated 6-9-83
Name of Physician Haggard

FEMALE
Medical Examination Report Dated 6-9-83
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 First Middle Last
Howard Keith Hartung
Date of Birth Month Day Year
October 25 1965
Place of Birth (State or foreign country) Merrill, Indiana
Residence Address Street or R. R. City County State
1247 E. Township Rd. Plainfield Hendricks IN.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If 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 Eugene Hartung
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother: Patricia Diane Hartwell
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: Howard Keith Hartung
New Address: 1247 East Township Rd. Plainfield, IN.
Subscribed and sworn to before me this 22 day of June 1983
Mary Jane Russell, Clerk, Hendricks, Circuit Court

FEMALE APPLICANT

Name First Middle Last
Jill Elaine Harvey
Date of Birth Month Day Year
October 31 1966
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address Street or R. R. City County State
11004 West Brunswick 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If 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: George William Harvey
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother: Lois Jean Wilson
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: Jill Elaine Harvey
New Address: 11004 West Brunswick Indianapolis, IN.
Subscribed and sworn to before me this 22 day of June 1983
Mary Jane Russell, Clerk, Hendricks, Circuit Court

Lois Jean Harvey, hereby give my consent for
daughter, Jill Elaine Harvey
to
Howard Keith Hartung

Subscribed and sworn to before me this 21st day of June 1983

Barbara Davis
Notary Public

My Commission Expires May 1, 1987

Barbara Davis
Notary Public

My Commission Expires May 1, 1987

and, Bride Jill Elaine Harvey of Marion

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

Dated this 2nd day of July 1983

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of July 1983

Signed: /s/Robert Daniel Spanton
Minister

Official Designation: Minister
Signed: Mary Jane Russell
Hendricks, Circuit Court

INDIAN
consent for this marriage. If only one parent
the other parent unnecessary.

Father
Mother
day of 19
Clerk

used to the above named parties, the
be a 3 day waiting and filed
parties.

Hendricks, Circuit Court
joining together as husband and wife

day of July
County of Hendricks
County, State of Indiana
County, State of Indiana
Hendricks

Form Prescribed By
Indiana State Board of
Health under authority
of I.C. 36-1-4-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 331
File 6-23-83
Date of Application

MALE
Medical Examination Report Dated 6-14-83
Name of Physician Baker

FEMALE
Medical Examination Report Dated 6-14-83
Name of Physician Baker

ALL APPLICANTS MUST BE ADVISED OF: It is a misdemeanor for any person to knowingly make a false statement or representation in obtaining a marriage license. Any person who violates this provision shall be fined not less than one hundred dollars nor more than five hundred dollars.

MALE APPLICANT
Name David Lee Ammerman
Date of Birth September 23, 1962
Place of Birth Indiana
Residence Address 12224 Warrasawh Indian Village Dr
Previous Marital Status: Never Married ☒ Divorced ☐ Annulled ☐
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?
If answer is "yes", has the adjudication been removed? ☐ Yes ☒ No
 - Are you afflicted with a transmissible disease? ☐ Yes ☒ No
 - Are you related to the female applicant closer than second cousin? ☐ Yes ☒ No
 - Are you now under the influence of intoxicating liquor? ☐ Yes ☒ No
 - Are you now under the influence of a narcotic drug? ☐ Yes ☒ No
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? ☐ Yes ☒ No
If answer is "yes", it is 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 Calvin A. Ammerman
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Indiana

Full name of mother Betty Mae Thomas
Residence of mother (if deceased so state) Indiana
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS County, I declare and state the information given in this application is true and correct.

Signed David Ammerman
Home Address 9155 N. Wilson Rd., B'ham

Subscribed and sworn to before me this 23 day of June, 1983.
Mary Jane Bush Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS County, I declare 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 HENDRICKS County Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
We, David Lee Ammerman and Michael Ann Spaulding, who was filed in my office a marriage license issued by the Clerk of the HENDRICKS Circuit Court of Indiana dated the 23 day of June, 1983, authorizing the joining together as husband and wife. It is further recommended, the following marriage certificate was filed in my office, to-wit:
I, Jerry R. Nash, hereby certify that on the 2nd day of July, one thousand nine hundred and eighty-three at Brownsburg, County of Hendricks, State of Indiana, David Lee Ammerman and Michael Ann Spaulding were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, dated this 2nd day of July, 1983.

Signed /s/ Jerry R. Nash
Official Designation Pastor
5th day of July, 1983
Signed _____ 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

517

No. 332
File 6-23-83
Date of Application

MALE
Medical Examination Report Dated 6-17-83
Name of Physician Olson

FEMALE
Medical Examination Report Dated 6-17-83
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 promise shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Gregory L. Last Hauger
Date of Birth Month July Day 20 Year 1956
Place of Birth (State or foreign country) Indiana
Residence Address 223 Box 249 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.

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

8. Full name of father Robert Lee Hauger
Residence of father (if deceased so state) Danville, IN
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Virginia Lee Howard
Residence of mother (if deceased so state) Danville, IN
Birthplace of mother (State or foreign country) Indiana

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

Signed Gregory L. Hauger
New Address 223 Box 249, Danville, IN 46122
Subscribed and sworn to before me this 23 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 Hendricks County Superior Court by written order issued 3 days waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks County Superior Court, authorizing the joining together as husband and wife of Indiana dated the 24 day of June, 1983, and
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, William A. Pappano, hereby certify that on the 25 day of June, 1983, at Brownsburg, Indiana, County of Hendricks, State of Indiana, Groom Gregory L. Hauger and Bride Elizabeth Anne Holmes of Hendricks County, State of Indiana, were by me united 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 June, 1983.

Signed 151 Rev. William A. Pappano
Official Designation Catholic Priest
Signed Mary Jane Russell
21st day of July, 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. 333
File June 23, 1983
Date of Application

MALE
Medical Examination Report Dated 6-17-83
Name of Physician A. Kuranjy M.D.

FEMALE
Medical Examination Report Dated 6-17-83
Name of Physician A. Kuranjy 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 Eddie Franklin Soots
Date of Birth October 6, 1938
Place of Birth (State or foreign country) Indiana
Residence Address P.O. Box 24 Cartersburg, Ind.
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 (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.
James Gregory
Mark Melissa
Patricia Edie

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

8. Full name of father Lois Eugene Soots
Residence of father (if deceased so state) Louisiana, Ky.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Lucy Mae Goode
Residence of mother (if deceased so state) Louisiana 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.
County of HENDRICKS

Signed Eddie Franklin Soots
New Address P.O. Box 24 Cartersburg, Ind. 46114

Subscribed and sworn to before me this 23 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 HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Jewell A. Vangundy
Date of Birth October 29, 1942
Place of Birth (State or foreign country) Indiana
Residence Address P.O. Box 24 Cartersburg, Ind.
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 (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.
Todd Arnold Vangundy

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

9. Full maiden name of mother Catherine May Stewart
Residence of mother (if deceased so state) Deceased 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 Jewell A. Vangundy
New Address Box 24 Cartersburg, Ind. 46114

Subscribed and sworn to before me this 23 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 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 _____
of Indiana dated the 27 day of June, 1983, authorizing the joining together as husband and wife
Eddie Franklin Soots and Jewell A. Vangundy
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, James H. Fierek, hereby certify that on the 2nd day of July
one thousand nine hundred and eighty-three at Danville
State of Indiana, Groom Eddie Franklin Soots of Hendricks County of Indiana
and, Bride Jewell A. Vangundy of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 2nd day of July, 1983.

Signed /s/ James H. Fierek
Official Designation Judge Pro-Tempore
25th day of July, 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
HENDRICKS County

No. 334
File
Date of Application 6-27-83

MALE
Medical Examination Report Dated 6-23-83
Name of Physician

FEMALE
Medical Examination Report Dated 6-24-83
Name of Physician

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

MALE APPLICANT

Name First Charles Middle S Last Tidd
Date of Birth Month 7 Day 22 Year 1955
Place of Birth (State or foreign country) Aurora, Illinois
Residence Address Street or R. R. 307 Avon Ave. City Plainfield, In. 46168
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Illinois License 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 George Milton Tidd
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Chicago, Illinois
9. Full maiden name of mother Betine Freda Sadner
Residence of mother (if deceased so state) Indianapolis, In.
Birthplace of mother (State or foreign country) Chicago, Illinois

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

Signed Charles S. Tidd
New Address 307 Avon Ave. Plainfield In.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Hendricks Circuit Court
of Indiana dated the _____ day of _____, 1983, authorizing the joining together as husband and wife
Charles S. Tidd and Sandra L. Connard

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Myron Barnard, hereby certify that on the 2nd day of July, 1983, at Indianapolis, County of Marion, State of Indiana, Groom Charles S. Tidd, of Hendricks County, State of Indiana, and, Bride Sandra L. Connard, of Hendricks County, State of Indiana, 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 July, 1983
Signed /s/ Myron Barnard
Official Designation Judge
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 _____ day of _____, 1983

FEMALE APPLICANT

Name First Sandra Middle S Last Connard
Date of Birth Month 10 Day 21 Year 1952
Place of Birth (State or foreign country) Crown Hill, West Virginia
Residence Address Street or R. R. 307 Avon Ave. City Plainfield, In. 46168
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Illinois License 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 Joseph Woodrow Pitt
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) West Virginia
9. Full maiden name of mother Sarah Eva Kinley
Residence of mother (if deceased so state) Berkeley, West Virginia
Birthplace of mother (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 L. Connard
New Address 307 Avon Ave. Plfld.

Subscribed and sworn to before me this 27th 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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 335
File. 6-27-83
Date of Application

MALE
Medical Examination Report Dated 6-14-83
Name of Physician Paul M. Harmon Jr.

FEMALE
Medical Examination Report Dated 6-14-83
Name of Physician Glen 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 Dwayn Harlan
Date of Birth Nov. 17 1961
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address 9455 Skillman #1503, Dallas, Texas
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If 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 Joseph Edwin Harlan
Residence of father (if deceased so state) Brownsburg, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carol Ann Weigand
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 _____

New Address 9455 Skillman St. #1503
Dallas, TX 75243

Subscribed and sworn to before me this 27 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 Carolyn Marie Smith
Date of Birth Oct. 29 1963
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address 622 Jackson Blvd., 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 James Frederick Smith
Residence of father (if deceased so state) Brownsburg, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Wanda Marie Hughes
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 _____

New Address 9455 Skillman St. #1503
Dallas, Texas 75243

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 July, 1983, authorizing the joining together as husband and wife Richard Dwayn Harlan and Carolyn Marie Smith
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, George W. Davis hereby certify that on the 2nd day of July,
one thousand nine hundred and eighty-three at Brownsburg, County of Hendricks,
State of Indiana, Groom Richard Dwayn Harlan of Dallas, County, State of Texas
and, Bride Carolyn Marie 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. 2nd day of July, 1983
Dated this _____ day of _____, 19____

Signed /s/George W. Davis

Official Designation United Methodist Minister
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 _____ 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. 336

File

MALE

Medical Examination Report Dated 6-27-83

Name of Physician Nealey

FEMALE

Medical Examination Report Dated 6-27-83

Name of Physician 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 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) Driver's License w/picture

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

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

8. Full name of father: EZRA PRICE
Residence of father (if deceased so state): DECEASED
Birthplace of father (State or foreign country): West Virginia

9. Full maiden name of mother: ELIZABETH JANE MICHAELS
Residence of mother (if deceased so state): DECEASED
Birthplace of mother (State or foreign country): Pennsylvania

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

Signed: David Hayward D. Price Sr.

New Address: 619 Pike Lane, Plainfield, Ind.

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

Signed: _____ Father

Signed: _____ Mother

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

FEMALE APPLICANT

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

☒ Other (Specify) Voter's Registration

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the 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: STEPHEN HICKS
Residence of father (if deceased so state): DECEASED
Birthplace of father (State or foreign country): New York

9. Full maiden name of mother: MABELLE BLANTERN
Residence of mother (if deceased so state): DECEASED
Birthplace of mother (State or foreign country): PERRINGTON MI

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

Signed: Esther De Land

New Address: 619 Pike Lane Plainfield

Subscribed and sworn to before me this 27 day of June, 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, } 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 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

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 June, 1983, authorizing the joining together as husband and wife of David Hayward D. Price, Sr. and Esther De Land

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 30th day of June, 1983, hereby certify that on the _____ at _____, County of _____, State of _____, Indiana, Groom: David Edward Lawson and Bride: Esther De Land of _____, County of _____, State of _____, Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, _____, Indiana, Dated this 30th day of June, 1983

Signed: David E. Lawson
Judge Pro-Tempore

Official Designation: _____ July 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. 337

File 6-27-83

Date of Application

MALE
Medical Examination Report Dated 6-16-83
Name of Physician Norris

FEMALE
Medical Examination Report Dated 6-17-83
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 Bradford Leon Turner
Date of Birth November 25 1953
Place of Birth (State or foreign country) Indiana
Residence Address 505 N. Luke St. Plainfield 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: Leon B. Turner
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother: Gean H. Hoopsingame
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 _____

New Address 5172 Ridgeway Danville Ind.

Subscribed and sworn to before me this 27 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 Sandra Denise Wernke
Date of Birth January 5 1954
Place of Birth (State or foreign country) Indiana
Residence Address 10660 W. Washington St. Indianapolis Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ 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: Raymond Joseph Wernke
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother: Edna Mable Tucker
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 _____

New Address 5172 Ridgeway Danville Ind.

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

RETURN 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 5th day of July, 1983, authorizing the joining together as husband and wife
Bradford L. Turner and Sandra Denise Wernke
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, William R. Clayton hereby certify that on the 23rd day of July,
one thousand nine hundred and eighty-three at Plainfield, County of Shelby,
State of Indiana, Groom Bradford Leon Turner of Hendricks County, State of Ind.
and, Bride Sandra Denise Wernke of Marion County, State of Ind.
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____
Dated this 23 day of July, 1983.

Signed William R. Clayton

Official Designation Proctor
27th 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. 338

File

MALE
Medical Examination Report Dated 6-27-83
Name of Physician Neely

FEMALE
Medical Examination Report Dated 6-27-83
Name of Physician Neely

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 David D Middle T Last Case Jr.
Date of Birth Month March Day 30 Year 1961
Place of Birth (State or foreign country) New York
Residence Address Street or R. R. 12601 Overbrook Road City Leawood County Kansas State Kansas
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.

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

If answer is "yes", it is required that this Application be 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 T. Case

Residence of father (if deceased so state) Leawood Kansas

Birthplace of father (State or foreign country) New York

9. Full maiden name of mother Marlene Mary Brien

Residence of mother (if deceased so state) Leawood Kansas

Birthplace of mother (State or foreign country) Massachusetts

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

Signed David T. Case

New Address 363 Lisa Lane Plainfield

Subscribed and sworn to before me this 27 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 First Tammy Middle J Last Smith
Date of Birth Month June Day 11 Year 1961
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. 363 Lisa Lane Plainfield City Hendricks County 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 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 James B. Smith

Residence of father (if deceased so state) Plainfield IN

Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Ruby Jean Bennett

Residence of mother (if deceased so state) Plainfield, IN

Birthplace of mother (State or foreign country) Kentucky

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

Signed Tammy J. Smith

New Address 363 Lisa Lane Plainfield

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Hendricks Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 1 day of July, 1983, authorizing the joining together as husband and wife of David T. Case, Jr. and Tammy J. Smith.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Richard W. Fox, hereby certify that on the 2nd day of July, 1983, at Plainfield, County of Hendricks, State of Indiana, Groom David T. Case, Jr., of Tippecanoe County, State of Indiana, and Bride Tammy J. 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 2nd day of July, 1983.

Signed /s/ Richard W. Fox
Official Designation Pastor

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. 339
File 6-27-83
Date of Application

MALE
Medical Examination Report Dated 6-24-83
Name of Physician Black

FEMALE
Medical Examination Report Dated 6-24-83
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 Anthony First Leon Middle Portwood Last
Date of Birth December Month 31 Day 1960 Year
Place of Birth (State or foreign country) Indiana
Residence Address 633 S. Jefferson St. B'burg Street or R. R. Ind 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If 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 Portwood
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Wilma Elizabeth Poole
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 Anthony L. Portwood

New Address 633 S. JEFFERSON, B. BURG

Subscribed and sworn to before me this 29 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 Roberta First Joann Middle Tucker Last
Date of Birth March Month 15 Day 1965 Year
Place of Birth (State or foreign country) Ill.
Residence Address 633 S. Jefferson St. B'burg Street or R. R. Ind 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) _____

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

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

8. Full name of father Robert Joe Tucker
Residence of father (if deceased so state) Ill.
Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Shirley Ruth Mefford
Residence of mother (if deceased so state) Ill.
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 Roberta Joann Tucker

New Address 633 S. JEFFERSON ST. B BURG

Subscribed and sworn to before me this 29 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 _____
HENDRICKS County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 15 day of July, 1983, authorizing the joining together as husband and wife Anthony Leon Portwood and Roberta Joann Tucker

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

I, Larry L. Bellville hereby certify that on the 2nd day of July,
one thousand nine hundred and eighty-three at Brownsburg, County of Hendricks,
State of Indiana, Groom Anthony Leon Portwood of Hendricks County, State of Indiana
and, Bride Roberta Joann Tucker of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.
Dated this 2nd day of July, 1983

Signed /s/Larry L. Bellville

Official Designation Minister
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 _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 340

File 6-27-83
Date of Application

MALE
Medical Examination Report Dated 6-23-83
Name of Physician Neely

FEMALE
Medical Examination Report Dated 6-23-83
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 First Bruce Middle Joseph Last Holder
Date of Birth Month 6 Day 16 Year 1959
Place of Birth (State or foreign country) Indianapolis Ind
Residence Address 205 S Nebraska St N. Salem Ind
Previous Marital Status Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

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

8. Full name of father Joseph D. Holder
Residence of father (if deceased so state) Greenwood Ind
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother P. H. Swinford
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 x Bruce Holder
New Address 205 S. Nebraska N. Salem

Subscribed and sworn to before me this 27 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:

Signed _____ Father
Signed _____ Mother

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Court by written order issued _____ 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 _____ day of July 1983, authorizing the joining together as husband and wife of Indiana dated the _____ day of _____, 1983, authorizing the joining together as husband and wife of Bruce Joseph Holder and Leanna Lynn Hawkins

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Frank Bunn hereby certify that on the 2nd day of July 1983, at North Salem Hendricks County, State of Indiana, Groom Bruce Joseph Holder of Hendricks County, State of Indiana and, Bride Leanna Lynn Hawkins of Hendricks County, State of Indiana 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 July 1983
Signed /s/ Frank Bunn Christian Minister

Official Designation 12th 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 _____ day of _____, 19____

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 341
File 6-27-83
Date of Application

MALE
Medical Examination Report Dated 6-13-83
Name of Physician Larry D. Lovell

FEMALE
Medical Examination Report Dated 6-13-83
Name of Physician Larry D. Lovell

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

MALE APPLICANT

Name Dennis Easley
Date of Birth July 13 1948
Place of Birth (State or foreign country) Indianapolis, In
Residence Address 1377 Colonial Ln Danville, In

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

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
Bryan Easley - 10 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 William W. Easley
Residence of father (if deceased so state) Danville, In
Birthplace of father (State or foreign country) Colorado

9. Full maiden name of mother Mary Reed
Residence of mother (if deceased so state) Danville, Ill
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 Dennis Easley

New Address 3102 E Main Danville In

Subscribed and sworn to before me this 27th 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:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Cheryl Mann
Date of Birth 2102 6 1950
Place of Birth (State or foreign country) Danville, In
Residence Address 1700 28, 1950

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

☒ Other (Specify) Dr. License

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

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

8. Full name of father Charles W. Carlock
Residence of father (if deceased so state) Terre Haute, In
Birthplace of father (State or foreign country) Ill

9. Full maiden name of mother Laura B. Bowman
Residence of mother (if deceased so state) Terre Haute, 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 Cheryl D. Mann

New Address 3102 E Main Danville In

Subscribed and sworn to before me this 27th 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:

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 July, 1983, authorizing the joining together as husband and wife Dennis Easley and Cheryl Mann

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

I, William E. Richardson, Jr. hereby certify that on the 23rd day of July, one thousand nine hundred and eighty-three at Terre Haute, County of Vigo, State of Indiana, Groom Dennis L. Easley of Hendricks County, State of Indiana and, Bride Cheryl D. Mann of Hendricks County, State of Indiana were by me united 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 July, 1983

Signed /s/ William E. Richardson, Jr.

Official Designation Minister
1st day of August, 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. 342

File 6-28-83

MALE

Medical Examination Report Dated 6-17-83

Name of Physician Black

FEMALE

Medical Examination Report Dated 6-17-83

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 First Lloyd Middle Edward Last Leathers
Date of Birth June 27 1956
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. RR #1 Box 41 City Ellettsville 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.

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

Residence of father (if deceased so state): Indiana

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Shirley Ann Hughes

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 Lloyd E. Leathers

New Address 203 Parthenia Ave.

Subscribed and sworn to before me this 28 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:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Carla Middle Jo Last Everman
Date of Birth April 28 1963
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. 203 Parthenia Ave B Burg City Ellettsville 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: Charles Leroy Foster

Residence of father (if deceased so state): Indiana

Birthplace of father (State or foreign country): Alabama

9. Full maiden name of mother: Sharon Kay Johnson

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 Carla Jo Everman

New Address 203 Parthenia Ave

Subscribed and sworn to before me this 28 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:

Signed _____ Father

Signed _____ Mother

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

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Court by written order issued _____ 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 _____ day of _____, 1983, authorizing the joining together as husband and wife

Lloyd Edward Leathers and Carla Jo Everman

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

1, Mike Campbell hereby certify that on the 8th day of July

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

State of Indiana, Groom Lloyd Edward Leathers of Hendricks County, State of Indiana

and, Bride Carla Jo Everman of Hendricks County, State of Indiana

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 8th day of July, 1983

Signed /s/ Mike Campbell
Associate Pastor

Official Designation 13th 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. 343
File 6-28-83
Date of Application

MALE

Medical Examination Report Dated 6-17-83
Name of Physician M. W. Runey

FEMALE

Medical Examination Report Dated 6-16-83
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 Brian Robert Weaver
Date of Birth April 30 1960
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 1215 W. 16th St. Maryville, Missouri
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 Norman Weaver
Residence of father (if deceased so state) Greenwood
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bethany Ann Boaz
Residence of mother (if deceased so state) Kokomo
Birthplace of mother (State or foreign country) Illinois

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

Signed Brian Robert Weaver
New Address 1215 W. 16th St. Maryville, MO

Subscribed and sworn to before me this 5 day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Sonja Kay Humphress
Date of Birth January 4 1962
Place of Birth (State or foreign country) Indiana
Residence Address 402 N. Indiana St. Danville, 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If 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 Lowell Humphress
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Clara Martha Gaskins
Residence of mother (if deceased so state) Indiana
Birthplace of mother (State or foreign country) Kentucky

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

Signed Sonja Kay Humphress
New Address 1215 W. 16th St. Apt 17, Maryville, MO

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

RETURN 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 5 day of July, 1983 authorizing the joining together as husband and wife
Brian Robert Weaver and Sonja Kay Humphress
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 9th day of July,
one thousand nine hundred and eighty-three at Danville _____
State of Indiana, Groom Brian Robert Weaver of unknown County of Missouri
and, Bride Sonja Kay Humphress of Hendricks County, State of Indiana
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 July, 1983

Signed /s/Dr. Joseph D. Stump

Official Designation Pastor
18th 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

529

MALE
Medical Examination Report Dated 6-23-83
Name of Physician Tse - Hsin Chen

FEMALE
Medical Examination Report Dated 6-29-83
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 Lloyd Edward Miller
Date of Birth 25 1964
Place of Birth (State or foreign country) Indiana
Residence Address RR4 Box 258 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) Military Ind.

- 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
Virginia Mae Miller

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

8. Full name of father Arthur Lloyd Miller
Residence of father (if deceased so state) Clayton, Ind.
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Lucy Hannah Seppel
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.

Signed Lloyd E. Miller
New Address Clayton

Subscribed and sworn to before me this 5th day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 5th day of July, 1983, authorizing the joining together as husband and wife
Lloyd Edward Miller and Jacqueline Mae Miller

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Hubert C. Green hereby certify that on the 9th day of July,
one thousand nine hundred and eighty-three at Plainfield County of Hendricks
State of Indiana, Groom Lloyd Edward Miller County, State of Indiana
and, Bride Jacqueline Mae Miller of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County. Dated this 9th day of July, 1983

Signed /s/ Hubert C. Green
Pastor 83

Official Designation _____
13th day of July, 19____
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. 345

File

6-29-83
Date of Application

MALE

Medical Examination Report Dated 6-22-83Name of Physician Johnson

FEMALE

Medical Examination Report Dated 6-22-83Name of Physician Johnson

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

MALE APPLICANT

Name Harold R. Zimmerman
Date of Birth 8 17 1961
Place of Birth (State or foreign country) Greencastle Ind.
Residence Address RR 3 Box 374 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 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 Lee Zimmerman
Residence of father (if deceased so state) Greencastle Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Essie Diane Harney
Residence of mother (if deceased so state) Greencastle Ind.
Birthplace of mother (State or foreign country) Greencastle Ind.

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

Signed Harold ZimmermanNew Address RR #3 Box 374 Lot 10

Subscribed and sworn to before me this 29 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 K. Stinnett
Date of Birth 8 23 1954
Place of Birth (State or foreign country) Greencastle Ind.
Residence Address RR 3 Box 374 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

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If 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 Edward Lyon
Residence of father (if deceased so state) Greencastle Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Josephine Umberto
Residence of mother (if deceased so state) Greencastle Ind.
Birthplace of mother (State or foreign country) Greencastle Ind.

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

Signed Nancy StinnettNew Address RR #3 Box 374 Lot 16 Clayton

Subscribed and sworn to before me this 29 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 HENDRICKS County Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 July, 1983, authorizing the joining together as husband and wife Harold R. Zimmerman and Nancy K. Stinnett

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

I, C. Thomas Steiner hereby certify that on the 9th day of July, one thousand nine hundred and eighty-three at Morton State of Indiana, Groom Harold R. Zimmerman of Hendricks County, State of Indiana and, Bride Nancy K. Stinnett of Hendricks County, State of Indiana were by me united 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 July, 1983.

Signed /s/C. Thomas Steiner
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of July, 1983
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

531

No. 346
File
Date of Application June 30, 1983

MALE
Medical Examination Report Dated 6-22-83
Name of Physician Leonard I. Boral

FEMALE
Medical Examination Report Dated 6-22-83
Name of Physician Mark Jackson

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

MALE APPLICANT

Name First 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) Alver'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 Lloyd Jorus Wood
Residence of father (if deceased so state) Bradenton, Fla.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Jane Hancock
Residence of mother (if deceased so state) Bradenton, Fla.
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 Craig Wayne Wood
New Address 1040 E. Buchanan, Plainfield, IN
Subscribed and sworn to before me this 30th 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, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

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

- ☐ Other (Specify) Alver'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 Albert Cambray McClure
Residence of father (if deceased so state) St. Wayne, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joan Marie Saragiani
Residence of mother (if deceased so state) St. Wayne, Indiana
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 Mary Jane McClure
New Address 1040 E. Buchanan, Plainfield, IN
Subscribed and sworn to before me this 30th 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, } 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

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 8th day of July and Mary Jane McClure
Be it further remembered, the following marriage certificate was filed in my office, to-wit: James E. Gentry hereby certify that on the 9th day of July
I, James E. Gentry at Bloomington, County of Monroe
one thousand nine hundred and 83 of Hendricks, County, State of IN
State of Indiana, Groom Craig Wayne Wood of Hendricks, County, State of IN
and, Bride Mary Jane McClure 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 9th day of July, 1983. Signed James E. Gentry
Official Designation pastor umc 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. 347
File _____
Date of Application 6-30-83

MALE

Medical Examination Report Dated 6-28-83
Name of Physician Carl Otten

FEMALE

Medical Examination Report Dated 6-28-83
Name of Physician Carl Otten

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

MALE APPLICANT

Name C. Bradley Eller
Date of Birth June 1 1962
Place of Birth (State or foreign country) Hendricks Co. Indiana
Residence Address 115 E. Vermont Apt A, 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.

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

8. Full name of father Charles Thomas Eller
Residence of father (if deceased so state) Brownsburg, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Diana Jo Arnold
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 _____

New Address 115 E. Vermont BrownsburgSubscribed and sworn to before me this 30 day of June, 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 Gayle Ellen Swihart
Date of Birth 10 18 1963
Place of Birth (State or foreign country) Marion, Indiana
Residence Address 115 E. Vermont Apt A, 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) Voters Registration # 84002

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If 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 Allen Swihart
Residence of father (if deceased so state) Evansville, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Connie Sue Faust
Residence of mother (if deceased so state) Kokomo, Ind.
Birthplace of mother (State or foreign country) California

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

Signed _____

New Address 115 E. Vermont #A BrownsburgSubscribed and sworn to before me this 30 day of June, 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 _____ County _____ Court by written order issued _____ and filed in _____ Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 30th day of June, 1983, authorizing the joining together as husband and wife of C. Bradley Eller and Gayle Ellen Swihart.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Larry L. Bellville hereby certify that on the 2nd day of July, one thousand nine hundred and eighty-three at Brownsburg, County of Hendricks, State of Indiana, Groom C. Bradley Eller of Hendricks County, State of Indiana and, Bride Gayle Ellen Swihart of Hendricks County, State of Indiana 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 _____, 1983.
Dated this 2nd day of July, 1983.

Signed /s/Larry L. BellvilleOfficial Designation Minister

6th

day of July1983Signed Mary Jane Russell

HENDRICKS

Clerk

Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 348

File 6-30-83
Date of Application

MALE
Medical Examination Report Dated 6-27-83
Name of Physician Edwards

FEMALE
Medical Examination Report Dated 6-27-83
Name of Physician Edwards

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

MALE APPLICANT

Name First Jerry L. Middle L. Last Gott Jr.
Date of Birth Month 8 Day 24 Year 1956
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address 1008 1/2 Stafford Rd. Off. 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.
Crystal Dawn Gott

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

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

Signed: Jerry L. Gott Jr.
New Address 1008 1/2 Stafford Rd. Off. Hendricks

Subscribed and sworn to before me this 30 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 First Roseland M. Middle Harvey Last Kanakis
Date of Birth Month 9 Day 9 Year 1946
Place of Birth (State or foreign country) Greencastle Ind.
Residence Address 1008 1/2 Stafford Rd. Off. 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.
Wesley Ray Campbell

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

8. Full name of father: Charles Harvey
Residence of father (if deceased so state): Deceased
Birthplace of father (State or foreign country): Kentucky
9. Full maiden name of mother: Dorothy Louise Rader
Residence of mother (if deceased so state): Off. Ind.
Birthplace of mother (State or foreign country): Greencastle Ind.

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

Signed: Roseland M. Kanakis
New Address 1008 1/2 Stafford Rd. Off. Ind.

Subscribed and sworn to before me this 30 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 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 State of Indiana dated the 5 day of July 1983 authorizing the joining together as husband and wife of Jerry L. Gott, Jr. and Roseland M. Kanakis

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Ralph Christian hereby certify that on the 6 day of July 1983 at Eminence, County of Hendricks, State of Indiana, Groom: Jerry L. Gott, Jr. of Hendricks, County, State of Indiana, and, Bride: Roseland M. Kanakis of Hendricks, County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 6 day of July 1983
Signed: 151 Ralph Christian
Official Designation: Minister
7 day of July 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. 349
File 6-30-83
Date of Application

MALE
Medical Examination Report Dated 6-17-83
Name of Physician James Black, M.D.

FEMALE
Medical Examination Report Dated 6-17-83
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 Charles Thomas Bell
Date of Birth 6 18 1959
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 1641 Cleveland St., Brownsburg, Ind. 46112
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Driver's License by 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 Thomas Grant Bell, Jr.
Residence of father (if deceased so state) Brownsburg, Ind.
Birthplace of father (State or foreign country) Indianapolis, Ind.

9. Full maiden name of mother Verda Janet Haycox
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.

Signed Charles Thomas Bell
New Address 518 E. College, Brownsburg, Ind.

Subscribed and sworn to before me this 30th 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 HENDRICKS

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

Clerk

FEMALE APPLICANT

Name Trasia Michele Willits
Date of Birth 3 16 1965
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 440 W. 16th 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? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

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

8. Full name of father Ronald Blaine Willits
Residence of father (if deceased so state) Brownsburg, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Carmella Sue Drakum Maize
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 Trasia Michele Willits
New Address 518 E. College

Subscribed and sworn to before me this 30th 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 HENDRICKS

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS _____ Circuit Court of Indiana dated the 7 day of July, 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 L. Bellville hereby certify that on the 9th day of July, one thousand nine hundred and eighty-three at Brownsburg, County of Hendricks, State of Indiana, Groom Charles Thomas Bell of Hendricks County, State of Indiana and, Bride Trasia Michele Willits of Hendricks County, State of Indiana

were by me united 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 July, 1983

Signed /s/ Larry L. Bellville

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of July, 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. 350
File
Date of Application July 1, 1983

MALE
Medical Examination Report Dated 6-27-83
Name of Physician Robert Spence

FEMALE
Medical Examination Report Dated 6-28-83
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 in 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 P. 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) Dr. License

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

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

8. Full name of father: Burger Swanson
Residence of father (if deceased so state): Ruth Bend, Jr.
Birthplace of father (State or foreign country): Sweden
9. Full maiden name of mother: Cecilia Businski
Residence of mother (if deceased so state): J. Bend Jr.
Birthplace of mother (State or foreign country): J. Bend Jr.

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

Signed: Kenneth J. Swanson
New Address: 1715 Quetta Creek North
Subscribed and sworn to before me this 23 day of July, 1983
Mary Jane Russell Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of 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
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or P. R. City County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

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

8. Full name of father: Robert L. Miller
Residence of father (if deceased so state): Plainfield, Jr.
Birthplace of father (State or foreign country):
9. Full maiden name of mother: Janet Brislaw
Residence of mother (if deceased so state): Plainfield, Jr.
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: Kimberly A. Miller
New Address: 1715 Quetta Creek North
Subscribed and sworn to before me this day of July, 1983
Mary Jane Russell Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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, Indiana dated the 23 day of July, 1983, authorizing the joining together as husband and wife of Kenneth J. Swanson and Kimberly Ann Miller

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John T. McCormick, hereby certify that on the 23rd day of July, 1983, at Indianapolis, Indiana, one thousand nine hundred and eighty-three, at St. Joseph, Hendricks County, State of Indiana, Kenneth J. Swanson of Hendricks County, State of Indiana, and, Bride, Kimberly Ann Miller of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, Indiana.

Dated this 23rd day of July, 1983
Signed: /s/ Rev. John T. McCormick
Ordained Minister

Official Designation: 26th day of July, 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. 351
File
Date of Application 7-1-83

MALE
Medical Examination Report Dated 6-23-83
Name of Physician Lord

FEMALE
Medical Examination Report Dated 6-23-83
Name of Physician Lord

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Eddison Hill Jr.
Date of Birth Month Day Year
June 9 1933
Place of Birth (State or foreign country) Ky.
Residence Address Street or R. R. City County State
1318 Rushmore 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) Divorce Decree
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Harold Eddison Hill Sr.
Residence of father (if deceased so state): deceased
Birthplace of father (State or foreign country): Ky.
9. Full maiden name of mother: Mae Miller
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: Harold E. Hill
New Address: 1318 Rushmore E. Ind.
Subscribed and sworn to before me this 1 day of July, 1983.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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
Nancy Lou LaFavers
Date of Birth Month Day Year
January 5 1946
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. City County State
911 E. Wall Street Pike. Plt. 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) Divorce Decree
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Harden Floyd Hayes
Residence of father (if deceased so state): deceased
Birthplace of father (State or foreign country): Ky.
9. Full maiden name of mother: Ruth Elizabeth Reeves
Residence of mother (if deceased so state): deceased
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: Nancy LaFavers
New Address: 911 E Wall St Pike
Subscribed and sworn to before me this 1 day of July, 1983.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 5th day of July, 1983, authorizing the joining together as husband and wife Harold Eddison Hill Jr. and Nancy Lou LaFavers

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

I, David Vaughn hereby certify that on the 30th day of July, one thousand nine hundred and eighty-three at Indianapolis, County of Marion, State of Indiana, Groom Harold Eddison Hill Jr. of Marion County, State of Indiana and, Bride Nancy Lou LaFavers of Hendricks County, State of Indiana were by me united 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 July, 1983.

Signed/s/ David Vaughn
Official Designation Judge Pro-Tempore
15th day of August, 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. 352

File
7-5-83
Date of Application

MALE
Medical Examination Report Dated 6-21-83
Name of Physician S.M. Sunkovic, M.D.

FEMALE
Medical Examination Report Dated 6-21-83
Name of Physician S.M. Sunkovic, 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 Stephen Middle M. Last Scott
Date of Birth Month 4 Day 7 Year 1961
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 9125 E. 600 N. Brownsburg, Ind. 46112
City Brownsburg State Ind. County 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) 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: David Ray Scott
Residence of father (if deceased so state): Brownsburg, Ind.
Birthplace of father (State or foreign country): Indpls., Ind.

9. Full maiden name of mother: Dorothy Elizabeth Hensley
Residence of mother (if deceased so state): Brownsburg, Ind.
Birthplace of mother (State or foreign country): Lawrence, Mass.

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

Signed Stephen M. Scott
New Address 8911 Center St. Clermont, Ind. 46234

Subscribed and sworn to before me this 30 day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:
County of

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Karen Middle M. Last Taylor
Date of Birth Month 8 Day 4 Year 1962
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 8911 Center St. Clermont, Ind. 46234
City Clermont State Ind. County 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)

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

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

8. Full name of father: Richard Frederick
Residence of father (if deceased so state): Brownsburg, Ind.
Birthplace of father (State or foreign country): Unknown

9. Full maiden name of mother: Janet Marion Rygh
Residence of mother (if deceased so state): Brownsburg, 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 Karen M. Taylor
New Address 8911 Center St. Clermont, Ind. 46234

Subscribed and sworn to before me this 30 day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 _____, 1983, authorizing the joining together as husband and wife of Indiana dated the 12 day of July, 1983, and Karen M. Taylor

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 July, 1983, at Brownsburg, Hendricks County, State of Indiana, Groom Stephen M. Scott, of Marion, Hendricks County, State of Indiana, and, Bride Karen M. Taylor, 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 16th day of July, 1983

Signed /s/ Rev. John M. Hall
Official Designation Catholic Priest
19th 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. 353File 7-5-83

Date of Application

MALE

Medical Examination Report Dated 6-16-83Name of Physician London

FEMALE

Medical Examination Report Dated 6-30-83Name of Physician Rosky

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

MALE APPLICANT

Name Bill Joe Huddleston
Date of Birth 2 8 1961
Place of Birth (State or foreign country) Winchester Ind.
Residence Address 185 Woodbridge St. Manchester Randolph Conn.
Previous Marital 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: Gary Huddleston
Residence of father (if deceased so state) Winchester Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother: Bertie Juanita Hickam
Residence of mother (if deceased so state) Winchester Ind.
Birthplace of mother (State or foreign country) Virginia

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

Signed Bill Joe HuddlestonNew Address 185 Woodbridge St. Manchester Conn.

Subscribed and sworn to before me this 5 day of July, 1983.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Debbi Dilynn Ross
Date of Birth 8 27 1961
Place of Birth (State or foreign country) Ind.
Residence Address RR6 Box 56 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: Stephen J. Ross
Residence of father (if deceased so state) Burg Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother: Judy Lee Edmondson
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 Debbi Dilynn RossNew Address 185 Woodbridge St. Manchester Conn.

Subscribed and sworn to before me this 5 day of July, 1983.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 9 day of July, 1983, authorizing the joining together as husband and wife of Bill Joe Huddleston and Debbi Dilynn Ross

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Pastor James N. Larson hereby certify that on the 9th day of July, eighty-three at Indianapolis, County of Marion, State of Indiana, Groom Bill Joe Huddleston of Randolph County, State of Indiana and, Bride Debbi Dilynn Ross of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 9th day of July, 1983.

Signed /s/ Rev. James N. LarsonOfficial Designation Pastor 12th 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. 354
File
7-5-83
Date of Application

MALE
Medical Examination Report Dated 6-11-83
Name of Physician Darret R. Harris

FEMALE
Medical Examination Report Dated 6-11-83
Name of Physician Darret 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 Paul Middle Gregory Last Miller
Date of Birth Month 7 Day 27 Year 1961
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. City County State
RR 1, Box 78, Coatesville, In. 46021
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/ Rx
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If 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 Eugene Miller
Residence of father (if deceased so state): Spencer, Indiana
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Betty Terraine Brock
Residence of mother (if deceased so state): Spencer, Indiana
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.

Signed Paul Gregory Miller
New Address RR 1, Box 78 Coatesville

Subscribed and sworn to before me this 5th day of July, 1983.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 11 day of July, 1983.
Paul Gregory Miller and Sandra Ann Mead

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Howard Cupp hereby certify that on the 16th day of July, 1983,
one thousand nine hundred and eighty-three at Hadley County of Hendricks
State of Indiana, Groom Paul Gregory Miller of Hendricks County, State of Indiana
and, Bride Sandra Ann Mead of Hendricks County, State of Indiana

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 July, 1983.

Signed/s/ Howard Cupp Pastor
Official Designation Pastor July 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. 355
File _____
Date of Application 7-5-83

MALE

Medical Examination Report Dated 6-27-83
Name of Physician Schaak

FEMALE

Medical Examination Report Dated 6-27-83
Name of Physician Taylor

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to 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 Edward McFarland
Date of Birth July 27 1938
Place of Birth (State or foreign country) Indiana
Residence Address 106 Oakhurst Mobile Home Park Bldg 9nd
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 Edward McFarland
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Virginia Francis Pace
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 Donald E. McFarland

New Address 106 OAKHURST MOBILE HOME PARK Bldg 9nd

Subscribed and sworn to before me this 5 day of July, 1983.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Pauline Ellen Retherford
Date of Birth February 2 1946
Place of Birth (State or foreign country) Indiana
Residence Address RR #2 Box 283 Danville
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 Howard J. Retherford
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Doris Lorene Hughes
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 Pauline Retherford

New Address 106 OAKHURST MOBILE HOME PARK Bldg 9nd

Subscribed and sworn to before me this 5 day of July, 1983.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 9 day of July, 1983, authorizing the joining together as husband and wife of Donald Edward McFarland and Pauline Ellen Retherford.

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

I, Raymond H. Duff hereby certify that on the 9th day of July, one thousand nine hundred and Eighty three at Maplewood, County of Hendricks, State of Indiana, Groom Donald Edward McFarland of Hendricks County, State of Indiana and, Bride Pauline Ellen Retherford of Hendricks County, State of Indiana were by me united 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 July, 1983.

Signed Raymond H. Duff
Official Designation Christian Minister

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

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 356
File
Date of Application 7-6-83

MALE
Medical Examination Report Dated 6-23-83
Name of Physician Baker

FEMALE
Medical Examination Report Dated 6-23-83
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 Brian Lee Hensley
Date of Birth 4 1 1962
Place of Birth (State or foreign country) Lebanon, Ind.
Residence Address 200 S. Main North Salem Hend Ind.
Previous Marital Status ☒ Never Married ☐ OR
Last Marriage Ended By ☐ Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

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

8. Full name of father Ronald M. Hensley
Residence of father (if deceased so state) North Salem Ind.
Birthplace of father (State or foreign country) Tennessee

9. Full maiden name of mother Jane Marie Cloves
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.

Signed Brian Lee Hensley
New Address 206 N. Broadway N. Salem

Subscribed and sworn to before me this 6 day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Wanda Jean Kuhn
Date of Birth 5 7 1964
Place of Birth (State or foreign country) Hamilton, Ohio
Residence Address 206 N. Broadway N. Salem 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 Howard L. Kuhn
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Janice Ann Knecht
Residence of mother (if deceased so state) West Harrison, 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 Wanda Jean Kuhn
New Address 206 N. Broadway N. Salem, Ind.

Subscribed and sworn to before me this 6 day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 _____ of the _____
of Indiana dated the 1 day of July, 1983, authorizing the joining together as husband and wife
of Brian Lee Hensley and Wanda Jean Kuhn

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. James Gaynor hereby certify that on the 23rd day of July

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

State of Indiana, Groom Brian Lee Hensley of Dearborn County, State of HENDRICKS
and, Bride Wanda Jean Kuhn of _____ 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 July, 1983
Signed Rev. James E. Gaynor
Official Designation Catholic Priest _____
8th day of September, 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. 357
File 76-83
Date of Application

MALE

Medical Examination Report Dated 6-28-83
Name of Physician Williams

FEMALE

Medical Examination Report Dated 6-29-83
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 Tracy K. Baker
Date of Birth November 13 1952
Place of Birth (State or foreign country) Indiana
Residence Address 625 E. Tilden B'burg 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.
Eric Matthew Baker
Amber Michelle Baker

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

8. Full name of father Vernon L. Baker
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ruth E. Keys
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 HENDRICKS

Signed Tracy K. Baker
New Address 625 E. Tilden Brownsville, Ind.

Subscribed and sworn to before me this 6 day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Nanette Sue Southwood
Date of Birth September 10 1952
Place of Birth (State or foreign country) Indiana
Residence Address 652 E. Tilden B'burg 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 Donald Eugene Houser
Residence of father (if deceased so state) N.C.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elizabeth Vansickle
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 HENDRICKS

Signed Nanette S. Southwood
New Address 652 E. Tilden Brownsville, Ind.

Subscribed and sworn to before me this 7 day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 11 day of July, 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 C. Mowrer

one thousand nine hundred and eighty-three hereby certify that on the 15th day of July,
State of Indiana, Groom Tracy K. Baker at Danville _____, County of Hendricks,
and, Bride Nanette Sue Southwood of Hendricks _____, County, State of Indiana

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

Dated this 15th day of July, 1983

Signed /s/John C. Mowrer, Judge

Official Designation Hendricks County Superior Court #2
18th 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 _____ 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

543

No. 358
File

MALE
Medical Examination Report Dated 7-7-83
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 7-7-83
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 Robert J. Pickel
Date of Birth June 28 1929
Place of Birth (State or foreign country) Ind.
Residence Address 5520 W. 29th 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. Liscine
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Pickel
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Elizabeth Simko
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 HENDRICKS }
Signed Robert J. Pickel
New Address 132 S. Rd. 450 E
Subscribed and sworn to before me this 7 day of July 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name Carolyn E. Beasley
Date of Birth Feb. 28 1949
Place of Birth (State or foreign country) Ind.
Residence Address 132 S. Rd. 450 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) Dr. Liscine
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Kidner
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Mary Mauck
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 Carolyn Beasley
New Address 132 S. Rd. 450 E Danville Ind.
Subscribed and sworn to before me this 7 day of July 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this 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 _____ day of _____ 1983 authorizing the joining together as husband and wife
of Indiana dated the 12 day of July 1983
Robert J. Pickel and Carolyn E. Beasley
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 July
one thousand nine hundred and eighty-three at Danville
State of Indiana, Groom Robert J. Pickel County of Hendricks
and, Bride Carolyn E. Beasley of Hendricks County, State of Indiana
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 16th day of July 1983
Signed /s/ John C. Mowrer, Judge
Hendricks Superior Court II
Official Designation _____
18th 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. 359File 7-7-83

Date of Application

MALEMedical Examination Report Dated 7-5-83Name of Physician Clark**FEMALE**Medical Examination Report Dated 7-5-83Name 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 APPLICANTName Joseph Christopher SchmittDate of Birth November 4, 1962Place of Birth (State or foreign country) IndianaResidence Address 16 Hilltop Drive Danville, IndianaPrevious Marital Status: Never Married ☒ ORLast 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: Joseph Richard SchmittResidence of father (if deceased so state) IndianaBirthplace of father (State or foreign country) Indiana9. Full maiden name of mother: Betty Janice BrooksResidence of mother (if deceased so state) IndianaBirthplace 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 HENDRICKSSigned Joseph C. SchmittNew Address 147 S. Wayne, DanvilleSubscribed and sworn to before me this 7 day of July, 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 HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk**FEMALE APPLICANT**Name Cheryl Kimberly OrrDate of Birth Aug 18, 1964Place of Birth (State or foreign country) Miss.Residence Address 4415 Beechwood Circle, Delft, IndianaPrevious Marital Status: Never Married ☒ ORLast 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: Max Strable OrrResidence of father (if deceased so state) IndianaBirthplace of father (State or foreign country) Miss.9. Full maiden name of mother: Dorothy Cheryl MyersResidence of mother (if deceased so state) Tenn.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 HENDRICKSSigned C. Kimberly OrrNew Address 747 S. Wayne, DanvilleSubscribed and sworn to before me this 7 day of July, 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 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 14 day of July, 1983, authorizing the joining together as husband and wife of Joseph C. Schmitt and Cheryl K. Orr

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

I, B. FRANK CIAMPA hereby certify that on the 16 day of July, 1983

one thousand nine hundred and Eighty-three at Indianapolis, County of Marion, State of Indiana, Groom Joseph C. Schmitt of Hendricks County, State of IN

and, Bride Cheryl K. Orr of Hendricks County, State of IN

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

Dated this 16 day of July, 1983.

Signed B. Frank CiampaOfficial Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of July, 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

545

MALE

Medical Examination Report Dated

7-6-83

Name of Physician

Copher

No. 360

File

7-7-83

Date of Application

FEMALE

Medical Examination Report Dated

7-6-83

Name of Physician

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 Richard Eugene Coleman
Date of Birth 8/23/1950
Place of Birth (State or foreign country) Indy. Ind.
Residence Address 1685 N. St. Rd. 39, 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 Charles E. Coleman

Residence of father (if deceased so state)

Deceased

Birthplace of father (State or foreign country)

Indiana

9. Full maiden name of mother Mary L. Daum

Residence of mother (if deceased so state)

Indy. 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 Richard E. Coleman

New Address 1685 N. St. Rd. 39 Mooresville Ind

Subscribed and sworn to before me this 27 day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 _____, _____ day of _____, 1983, authorizing the joining together as husband and wife of Indiana dated the _____ day of _____, 1983.

Richard E. Coleman

Katrina M. Richey

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

I, David H. Coleman

hereby certify that on the 15th day of July

one thousand nine hundred and eighty-three

at Danville

County of Hendricks

State of Indiana, Groom Richard E. Coleman

County, State of Indiana

and, Bride Katrina M. Richey

of Johnson

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 July, 1983

Signed /s/ David H. Coleman
Judge Pro-Tempore

Official Designation July

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. 361

File _____

7-7-83
Date of Application

MALE

Medical Examination Report Dated 7-1-83

Name of Physician Paul Schaar

FEMALE

Medical Examination Report Dated 7-1-83

Name of Physician John Cronkrite, 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 Bill E. Wilson
Date of Birth 10 17 1946

Place of Birth (State or foreign country) Idaho

Residence Address 7 Gondonderry Ct., 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 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 Willard E. Wilson

Residence of father (if deceased so state) Chicago, Ill.

Birthplace of father (State or foreign country) Halligan, Nova Scotia

9. Full maiden name of mother Margaretta Ingersoll

Residence of mother (if deceased so state) Brenston, Illinois

Birthplace of mother (State or foreign country) Bonny, Maine

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

Signed Bill Wilson

New Address 7 Gondonderry Court Danville, IN 46122

Subscribed and sworn to before me this 7th day of July, 1983

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Teresa L. Wheeler
Date of Birth 9 29 1954

Place of Birth (State or foreign country) Idaho

Residence Address 7 Gondonderry Ct., 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.

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

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

Birthplace of father (State or foreign country) Indianapolis, In.

9. Full maiden name of mother Janice Price

Residence of mother (if deceased so state) Plainfield, In.

Birthplace of mother (State or foreign country) Indianapolis, In.

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

Signed Teresa Wheeler

New Address 7 Gondonderry Court Danville, IN 46122

Subscribed and sworn to before me this 7th day of July, 1983

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 #2 Court by written order issued B. Way Warner and filed in Chas. 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 July, 1983, authorizing the joining together as husband and wife of Bill E. Wilson and Teresa L. Wheeler

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

I, Thomas G. Brenton hereby certify that, on the 9th day of July

one thousand nine hundred and eighty-three at Plainfield, County of Hendricks, State of Indiana, Groom Bill E. Wilson

and, Bride Teresa L. Wheeler of Hendricks County, State of Indiana

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

Dated this 9th day of July, 1983

Signed s/Thomas G. Brenton,

Official Designation Judge Pro-Tempore of Superior Court #2

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of July, 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. 362

File

July 7, 1983
Date of Application

MALE

Medical Examination Report Dated

7-1-83

Name of Physician

Teresa Triewerth

FEMALE

Medical Examination Report Dated

7-1-83

Name of Physician

Teresa Triewerth

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

MALE APPLICANT

Name Michael W. Muston
Date of Birth Aug 1 1959
Place of Birth (State or foreign country) Ind.
Residence Address 4536 Candletree Circle Ind. City Brownsburg County Ind. State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. License

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

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

8. Full name of father Verdye Muston
Residence of father (if deceased so state) Brownsburg, Ind.
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Lois Boffo
Residence of mother (if deceased so state) Brownsburg, Ind.
Birthplace of mother (State or foreign country) Ind.

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

Signed Michael W. Muston
New Address 4536 Candletree Circle

Subscribed and sworn to before me this 7 day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Nanette Lynne Hansel
Date of Birth Feb 15 1964
Place of Birth (State or foreign country) Ohio
Residence Address 511 Mason Dr. Ind. City Brownsburg County Ind. State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If 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 Gene P. Hansel
Residence of father (if deceased so state) Sandyville, Ohio
Birthplace of father (State or foreign country) Ohio

9. Full maiden name of mother Emilie C. Morris
Residence of mother (if deceased so state) Brownsburg, 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 Nanette Lynne Hansel
New Address 4536 Candletree Circle Apt 19

Subscribed and sworn to before me this 7 day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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 11 day of July and NANETTE LYNN HANSEL
Be it further remembered, the following marriage certificate was filed in my office, to-wit: 16th day of July
I, Jerry R. Nash hereby certify that on the _____ at Brownsburg County of Hendricks
one thousand nine hundred and eighty-three at Marion County, State of Indiana
State of Indiana, Groom Michael W. Muston of Hendricks County, State of Indiana
and, Bride Nanette Lynn Hansel 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 16th day of July, 1983

Signed /s/ Jerry R. Nash
Pastor

Official Designation July
18th 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. 363
File 7-8-83
Date of Application

MALE
Medical Examination Report Dated 6-14-83
Name of Physician Lovall

FEMALE
Medical Examination Report Dated 7-6-83
Name of Physician Hughes

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

MALE APPLICANT

Name Albert Barnes
Date of Birth 10 10 1946
Place of Birth (State or foreign country) Shelton Co. Tennessee
Residence Address 2203 Camby Rd. Pflet Dead. Ind.
Previous Marital 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.
Chad Michael Barnes
Jeremy Allen Barnes

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

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

Signed Albert Barnes

New Address 97 E. Co. line Rd. Mooresville, Ind.

Subscribed and sworn to before me this 8 day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Rosemary Orment Curry
Date of Birth 6 10 1953
Place of Birth (State or foreign country) Indpls Ind.
Residence Address 97 E. Co. line Rd. Mooresville 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) 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.
David Ray Curry

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 C. Orment
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Gula Merle Davenport
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
County of HENDRICKS this application is true and correct.

Signed Rosemary Curry

New Address 97 E. Co. line Rd. Mooresville, Ind.

Subscribed and sworn to before me this 8 day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 8 day of July, 1983, authorizing the joining together as husband and wife Albert Barnes and Rosemary Curry

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

I, Rev. David M. Layson hereby certify that on the 9th day of July, one thousand nine hundred and eighty-three at Mooresville, County of Morgan, State of Indiana, Groom Albert Barnes of Hendricks County, State of Indiana and, Bride Rosemary Curry 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 9th day of July, 1983.

Signed /s/ Rev. David M. Layson

Official Designation Minister

13th 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 13th day of July, 1983

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 364
File

MALE
Medical Examination Report Dated 7-15-83
Name of Physician Peter Foster

FEMALE
Medical Examination Report Dated 7-8-83
Name of Physician Thomas H. Blair, M.D.

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

MALE APPLICANT

Name First Steven Middle Elwood Last Crum
Date of Birth Month 9 Day 25 Year 1963
Place of Birth (State or foreign country) Olney Illinois
Residence Address Street or R. R. Ind. Youth 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) ID from IYC
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If 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: Chester Jay Crum
Residence of father (if deceased so state): Rockville, Indiana
Birthplace of father (State or foreign country): Illinois
9. Full maiden name of mother: Caroline Rose Cochran
Residence of mother (if deceased so state): Rockville, 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 Steve Elwood Crum
New Address:

Subscribed and sworn to before me this 7 day of Aug, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Rose Middle Ann Last Ellis
Date of Birth Month 9 Day 16 Year 62
Place of Birth (State or foreign country) Greencastle Ind.
Residence Address R4 Box 384 Greencastle 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: Melvin Wayne Ellis
Residence of father (if deceased so state): Greencastle Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Clara Maxine Knauer
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 Rose Ann Ellis
New Address:

Subscribed and sworn to before me this 8 day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Hendricks Circuit Court of Indiana dated the 4 day of Aug, 1983 authorizing the joining together as husband and wife of Steven Elwood Crum and Rose Ann Ellis

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Gene D. Spencer hereby certify that on the 12th day of August, 1983, at Plainfield, Hendricks County, State of Indiana, Steven Elwood Crum and Rose Ann Ellis were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 12th day of August, 1983
Signed: /s/ Gene D. Spencer
Official Designation: Preacher of the Gospel
15th day of August, 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. 365
File 7-8-83
Date of Application

MALE
Medical Examination Report Dated 7-7-83
Name of Physician Joseph C. Berlin, M.D.

FEMALE
Medical Examination Report Dated 7-7-83
Name of Physician Joseph C. 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 First Daniel Middle F. Last Davidson
Date of Birth Month 1 Day 18 Year 1963
Place of Birth (State or foreign country) Michigan
Residence Address 3500 West Michigan Apt. 1302, Dept. In. 46202
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Aulston Davidson, Jr.
Residence of father (if deceased so state) California
Birthplace of father (State or foreign country) N. Carolina
9. Full maiden name of mother Beverly Jean Peling
Residence of mother (if deceased so state) Indpls. In.
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 F. Davidson
New Address 1987 Jappa Road Mooresville, In. 46158

Subscribed and sworn to before me this 8th day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Flora Middle L. Last Shuffitt
Date of Birth Month 10 Day 16 Year 1964
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 1987 Jappa Road Mooresville, In. 46158
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

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

8. Full name of father Archie Wayne Shuffitt
Residence of father (if deceased so state) Mooresville, In.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elvie Lee Brummett
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.
County of _____

Signed Flora L. Shuffitt
New Address 1987 Jappa Road Mooresville 46158

Subscribed and sworn to before me this 8th day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 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 8th day of July, 1983, authorizing the joining together as husband and wife Daniel F. Davidson and Flora L. Shuffitt

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

I, Rev. Greg A. Dixon hereby certify that on the 9th day of July, one thousand nine hundred and eighty-three at Indianapolis, County of Marion State of Indiana, Groom Daniel F. Davidson of Marion County, State of Indiana and, Bride Flora L. Shuffitt of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County. 9th day of July, 1983

Signed /s/Rev. Greg A. Dixon
Official Designation Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of July, 1983
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

551

No. 366

File 7-8-83
Date of Application

MALE
Medical Examination Report Dated 6-27-83
Name of Physician Garnet Harris

FEMALE
Medical Examination Report Dated 6-27-83
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 First Alan Middle Corum Last
Date of Birth Jan 22 1964
Place of Birth (State or foreign country) Danville
Residence Address 396 E. Main 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.

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

8. Full name of father: Willis L. Corum
Residence of father (if deceased so state): Clermont
Birthplace of father (State or foreign country): Tennessee
9. Full maiden name of mother: Zella Mae Weaver
Residence of mother (if deceased so state): Danville
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: Larry A. Corum

New Address: 396 E. Main Apt. 4

Subscribed and sworn to before me this 8 day of July 1983
Mary Jane Russell Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Terri Middle Sue Last
Date of Birth April 1 1964
Place of Birth (State or foreign country) Franklin Ind.
Residence Address 396 E. Main 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 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: Hubert Christian Lee
Residence of father (if deceased so state): Franklin
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Alice Louise Keller
Residence of mother (if deceased so state): Columbus
Birthplace of mother (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: Terri S. Lee

New Address: 396 E. Main Apt. #4

Subscribed and sworn to before me this 8 day of July 1983
Mary Jane Russell Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 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 15 day of July 1983, authorizing the joining together as husband and wife of Larry Alan Corum and Terri Sue Lee

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, W. Charles Gillespie, hereby certify that on the 21st day of July, one thousand nine hundred and eighty-three, at Danville, Hendricks County, State of Indiana, Groom Larry Alan Corum, of Johnson County, State of Indiana, and, Bride Terri Sue Lee, of Hendricks County, State of Indiana, were by me united 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 July 1983

Signed: /s/ W. Charles Gillespie
Official Designation: Pastor July 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. 367
File 7-11-83
Date of Application

MALE
Medical Examination Report Dated 7-5-83
Name of Physician Dolfin

FEMALE
Medical Examination Report Dated 6-30-83
Name of Physician Herbert

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

MALE APPLICANT

Name Thomas Bernard Jubin
Date of Birth 9 19 1961
Place of Birth (State or foreign country) Michigan
Residence Address 3154 Bluett Ann Arbor Washtenaw Mich
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 - Jubin
Residence of father (if deceased so state) Ann Arbor, Mich.
Birthplace of father (State or foreign country) Germany
9. Full maiden name of mother Helga Ella Frieda Lengnick
Residence of mother (if deceased so state) Ann Arbor, Mich
Birthplace of mother (State or foreign country) Lithuania

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

Signed Thomas B. Jubin
New Address Laramie, Wyoming

Subscribed and sworn to before me this 11 day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

_____ Clerk

FEMALE APPLICANT

Name Julie Lee Frederick
Date of Birth 11 22 1960
Place of Birth (State or foreign country) Lebanon Ind.
Residence Address RR 6 Box 36 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 Ronald E. Frederick
Residence of father (if deceased so state) Danville Ind.
Birthplace of father (State or foreign country) Wisconsin
9. Full maiden name of mother Charlene B. Scherer
Residence of mother (if deceased so state) Danville 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.
County of _____

Signed Julie D. Frederick
New Address Laramie, Wyoming

Subscribed and sworn to before me this 11 day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 15 day of July, 1983, authorizing the joining together as husband and wife

of THOMAS B. JUBIN and JULIE D. FREDERICK
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, NORMAN G. RUBEL hereby certify that on the 13 day of August, one thousand nine hundred and EIGHTY THREE at VALPARAISO, County of PORTER, State of Indiana, Groom THOMAS B. JUBIN of WASHTENAW County, State of MICHIGAN and, Bride JULIE D. FREDERICK of HENDRICKS County, State of INDIANA were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 13 day of August, 1983.

Signed /s/ Norman G. Rubel

Official Designation Pastor

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

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 368
File 7-11-83
Date of Application

MALE
Medical Examination Report Dated 7-5-83
Name of Physician Baker

FEMALE
Medical Examination Report Dated 7-5-83
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 Middle Last
Lindsey Jay Norris
Date of Birth Month Day Year
4 22 1961
Place of Birth (State or foreign country)
Indianapolis Ind.
Residence Address Street or R. R. City County State
131 Ashbuey Park Mooresville 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) Drivers 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.

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

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

8. Full name of father Jerry Joe Norris
Residence of father (if deceased so state) Mooresville Ind.

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

9. Full maiden name of mother Jania Lynn Phelps
Residence of mother (if deceased so state) Mooresville Ind.

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

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

Signed Lindsey J. Norris

New Address 4608 Thrush Dr. Indpls

Subscribed and sworn to before me this 11 day of July 1983
Mary Jane Russell Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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
Elizabeth Lee Taylor
Date of Birth Month Day Year
7 3 1964
Place of Birth (State or foreign country)
Houston Texas
Residence Address Street or R. R. City County State
645 E Main 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?
If 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 R. Taylor
Residence of father (if deceased so state) B'burg Ind.

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Almedia Itch
Residence of mother (if deceased so state) Indianapolis Ind.

Birthplace of mother (State or foreign country) Kentucky

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

Signed Elizabeth L. Taylor

New Address 4608 Thrush Dr. Ind

Subscribed and sworn to before me this 11 day of July 1983
Mary Jane Russell Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 15th day of July 1983, authorizing the joining together as husband and wife Lindsey Jay Norris and Elizabeth Lee Taylor

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 July one thousand nine hundred and eighty-three at Danville County of Hendricks State of Indiana, Groom Lindsey Jay Norris of Morgan County, State of Indiana and, Bride Elizabeth Lee Taylor of Hendricks County, State of Indiana

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

Dated this 16th day of July 1983

Signed /s/ John C. Mowrer, Judge
Hendricks Superior Court II

Official Designation July 18th 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. 369
File July 11 1983
Date of Application

MALE
Medical Examination Report Dated June 24 1983
Name of Physician Dr. M.L. Tate Lt. U.S.N.

FEMALE
Medical Examination Report Dated June 30 1983
Name of Physician William M. Hendricks 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 Kenneth Middle S. Last Smith
Date of Birth Month 1 Day 6 Year 1963
Place of Birth (State or foreign country) Michigan
Residence Address Street or R. R. City County State
Mooresville, In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

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

8. Full name of father Billy Joe Smith
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Oklahoma
9. Full maiden name of mother Catherine Mae Chesebro
Residence of mother (if deceased so state) Mooresville, In.
Birthplace of mother (State or foreign country) New York

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

Signed Kenneth S. Smith
New Address PENSACOLA FLORIDA

Subscribed and sworn to before me this 11 day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Cynthia Middle M. Last Mercer
Date of Birth Month 8 Day 4 Year 1965
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address Street or R. R. City County State
931 Sheets Rd. Mooresville, In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

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

8. Full name of father Kenneth L. Mercer
Residence of father (if deceased so state) Mooresville, In.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Delores J. Wood
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.
County of _____

Signed Cynthia Mercer
New Address PENSACOLA FLORIDA

Subscribed and sworn to before me this 11th day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed Kenneth L. Mercer Father

Signed Delores J. Mercer Mother

Subscribed and sworn to before me this 11th day of July, 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 _____
of Indiana dated the 15 day of July, 1983, authorizing the joining together as husband and wife
Kenneth S. Smith and Cynthia Mercer

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

I, Jack W. Elliott, Jr. hereby certify that on the 16th day of July
one thousand nine hundred and eighty-three at Mooresville
State of Indiana, Groom Kenneth S. Smith of Morgan County, State of Indiana
and, Bride Cynthia Mercer of Hendricks County, State of Indiana

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 July, 1983

Signed s/ Jack W. Elliott, Jr.

Official Designation Senior Pastor
16th day of August, 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. 370
File 7-11-83
Date of Application

MALE
Medical Examination Report Dated 7-11-83
Name of Physician Michael

FEMALE
Medical Examination Report Dated 6-20-83
Name of Physician Henderson

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

MALE APPLICANT

Name Todd M. Hahn
Date of Birth 5 19 1951
Place of Birth (State or foreign country) Brosse Pointe, Michigan
Residence Address 4975 Fairway Blvd. 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 Edmond Albert Hahn
Residence of father (if deceased so state) Pompano Beach Fla.
Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Aliza Glendenning
Residence of mother (if deceased so state) Pompano Beach, Fla.
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 Todd M. Hahn
New Address

Subscribed and sworn to before me this 11 day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 K. Croquart
Date of Birth 8 29 1959
Place of Birth (State or foreign country) Indianapolis
Residence Address 4925 Fairway Blvd. 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.

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

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

Signed Susan Croquart
New Address SAME

Subscribed and sworn to before me this 11 day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 15 day of July, 1983, authorizing the joining together as husband and wife of Todd M. Hahn and Susan K. Croquart

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____
I, Rev. Bernard Head, hereby certify that on the 16th day of July, _____

at Indianapolis County of Marion
one thousand nine hundred and eighty-three at Hendricks County, State of Indiana
State of Indiana, Groom Todd M. Hahn of Hendricks County, State of Indiana
and, Bride Susan K. Croquart 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 16th day of July, 1983

Signed s/Bernard Head
Official Designation Priest, 1983
19th 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. 371
File 7-13-83
Date of Application

MALE

Medical Examination Report Dated 7-8-83
Name of Physician Thomas Monitto MD.

FEMALE

Medical Examination Report Dated 7-11-83
Name of Physician Glenn W. Baker 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 Richard Hudson
Date of Birth 19 1949
Place of Birth (State or foreign country) Richmond, Ind.
Residence Address 3530 Highland Ct #B Indpls. Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

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

6. List the full names of any dependent children.
Kelly Hudson 9
Deather Hudson 7
Lori Hudson 5

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

9. Full maiden name of mother Lillian Fisher
Residence of mother (if deceased so state) Richmond 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 Richard A. Hudson

New Address 621 S. School St.

Subscribed and sworn to before me this 13 day of July, 1983

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Mary N. Arnold
Date of Birth 4 1952
Place of Birth (State or foreign country) California
Residence Address 621 S. School 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) 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 Manuel M. Deckard
Residence of father (if deceased so state) Brownsburg, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Barbara Ann Fassnacht
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 Mary N. Arnold

New Address 621 S. School St.

Subscribed and sworn to before me this 13 day of July, 1983

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 18th day of July, 1983

Richard A. Hudson and Mary N. Arnold, authorizing the joining together as husband and wife

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

I, John C. Mowrer hereby certify that on the 30th day of July, 1983, at Danville, County of Hendricks, State of Indiana, Groom Richard A. Hudson of Marion County, State of Indiana and, Bride Mary N. Arnold of Hendricks County, State of Indiana

were by me united 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 July, 1983.

Signed /s/John C. Mowrer, Judge

Official Designation Hendricks Superior Court #2

2nd day of August, 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. 372
File
Date of Application July 13 1983

MALE
Medical Examination Report Dated 6-25-83
Name of Physician James Black M.D.

FEMALE
Medical Examination Report Dated 6-25-83
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 First Denny Middle Chris Last Butler
Date of Birth Month 10 Day 1 Year 1960
Place of Birth (State or foreign country) York Penn.
Residence Address Street or R. R. City County State
630 Maple 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) 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.
Nicole Christine Butler

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 Wm. Butler
Residence of father (if deceased so state) York, Penn.
Birthplace of father (State or foreign country) W. Virginia
9. Full maiden name of mother Marlene Elizabeth Herford
Residence of mother (if deceased so state) Brownsburg, Ind.
Birthplace of mother (State or foreign country) W. Virginia

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

Signed Denny Chris Butler
New Address 16 Hyde Park Row B, Brownsburg, Ind.

Subscribed and sworn to before me this 13 day of July 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Nancy Middle Ruth Last Gamble
Date of Birth Month 12 Day 9 Year 1952
Place of Birth (State or foreign country) Pittsburgh Penn.
Residence Address Street or R. R. City County State
16 Hyde Park Row 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 ☐
- List the full names of any dependent children.
Jeffrey David Gamble

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 Delbert Workman
Residence of father (if deceased so state) Pittsburgh, Penn.
Birthplace of father (State or foreign country) Penn.
9. Full maiden name of mother Esther Ruth Scott
Residence of mother (if deceased so state) Pittsburgh, Penn.
Birthplace of mother (State or foreign country) Penn.

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

Signed Nancy Ruth Gamble
New Address 16 Hyde Park Row Brownsburg, Ind.

Subscribed and sworn to before me this 13 day of July 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 19th day of July and Nancy Ruth Gamble
Denny Chris Butler
Be it further remembered, the following marriage certificate was filed in my office, to-wit: 30th day of July
I, George Davis hereby certify that on the _____ County of Hendricks
one thousand nine hundred and eighty-three at Brownsburg
State of Indiana, Groom Denny Chris Butler of Hendricks
and, Bride Nancy Ruth Gamble 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 July 1983
Signed /s/ George Davis
Official Designation United Methodist Minister August 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. 373
File 7-15-83
Date of Application

MALE
Medical Examination Report Dated 7-13-83
Name of Physician D C Drew M.D.

FEMALE
Medical Examination Report Dated 7-6-83
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 David V. Tedrow
Date of Birth 8 10 1957
Place of Birth (State or foreign country) Washington, In
Residence Address Huntingburg, In
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

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

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

8. Full name of father Herman W. Tedrow
Residence of father (if deceased so state) Loogootee, In
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Donna Sue Taylor
Residence of mother (if deceased so state) Loogootee, 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 David V. Tedrow
New Address Huntingburg, In
Subscribed and sworn to before me this 15th day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Jamie R. Sering
Date of Birth 2 23 1962
Place of Birth (State or foreign country) Lafayette, 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) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

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

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

Signed Jamie R. Sering
New Address Huntingburg, In
Subscribed and sworn to before me this 15th day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 1 day of August, 1983, authorizing the joining together as husband and wife David V. Tedrow and Jamie R. Sering.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, George W. Davis hereby certify that on the 6th day of August, eighty-three at Brownsburg, County of Hendricks, State of Indiana, Groom David V. Tedrow of Daviess County, State of Indiana and, Bride Jamie Rae Sering of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 6th day of August, 1983.

Signed /s/George W. Davis
Official Designation United Methodist Minister
15th day of August, 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

No. 374

559

MALE

Medical Examination Report Dated 7-2-83

Name of Physician Harris

FEMALE

Medical Examination Report Dated 7-1-83

Name of Physician Harris Beckwith

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

MALE APPLICANT

Name First Carl Middle W. Last Drury
Date of Birth Month 1 Day 3 Year 1964
Place of Birth (State or foreign country) New Orleans Louisiana
Residence Address 589 Echo Blvd Greenwood Johnson Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

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

Signed Carl Drury

New Address 129 Eastern Ave Plainfield

Subscribed and sworn to before me this 15 day of July 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of 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 Susanne Middle M. Last Piette
Date of Birth Month 8 Day 10 Year 1964
Place of Birth (State or foreign country) Richland Center Wisconsin
Residence Address 129 Eastern Ave Plainfield Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 G. Piette
Residence of father (if deceased so state) Mokena Ind.
Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Dianna A. Vana
Residence of mother (if deceased so state) Mokena 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 Susanne M. Piette

New Address 129 Eastern Ave Plainfield

Subscribed and sworn to before me this 15 day of July 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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 19 day of July 1983, authorizing the joining together as husband and wife

Carl W. Drury and Susanne M. Piette

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

I, Rev. Johnny R. Garrison, hereby certify that on the 22nd day of July

one thousand nine hundred and eighty-three at Indianapolis, County of Marion

State of Indiana, Groom Carl W. Drury of Johnson County, State of Indiana

and, Bride Susanne M. Piette 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 22nd day of July 1983

Signed /s/ Rev. Johnny R. Garrison
Ordained Minister

Official Designation 26th 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. 375
File July 15, 1983
Date of Application

MALE
Medical Examination Report Dated 7-15-83
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 7-15-83
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 James A. Brown
Date of Birth Aug 24 1956
Place of Birth (State or foreign country) Ind.
Residence Address 6027 S. Clark Creek Rd City Indpls. County Ind. State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the 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.
Crystal N. Brown

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

8. Full name of father James L. Brown
Residence of father (if deceased so state) Columbus Ind.
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Mary Roberts
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 James A. Brown
New Address 6027 S. Clark Creek Rd.

Subscribed and sworn to before me this 15 day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Ada M. Stover
Date of Birth April 26 1958
Place of Birth (State or foreign country) Ind.
Residence Address 6027 Clark Creek Rd City Indpls. County Ind. State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

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

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

9. Full maiden name of mother Georgia Bishop
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 Ada M. Stover
New Address 6027 S. Clark Creek Rd.

Subscribed and sworn to before me this 15 day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 & 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 15th day of July, 1983, authorizing the joining together as husband and wife of James A. Brown and Ada M. Stover

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

I, Jeffrey Baldwin hereby certify that on the 15th day of July, one thousand nine hundred and eighty-three at Danville, County of Hendricks, State of Indiana, Groom James A. Brown of Hendricks County, State of Indiana and, Bride Ada M. Brown of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 15th day of July, 1983

Signed /s/ Jeffrey Baldwin
Official Designation Judge Pro-Tempore

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

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

561

MALE

Medical Examination Report Dated 7-13-83

Name of Physician Steinkeler

No. 376

File

7-18-83
Date of Application

FEMALE

Medical Examination Report Dated 7-15-83

Name of Physician Steinkeler

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to 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 E. Huffer
Date of Birth 12 4 1956
Place of Birth (State or foreign country) Indpls Ind
Residence Address 9880 W. 10th St Lot 40-1 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) _____
- 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: Richard Paul Huffer
Residence of father (if deceased so state): Indpls Ind.
Birthplace of father (State or foreign country): Michigan
9. Full maiden name of mother: Shirley Mae Edwards
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 Keith E. Huffer

New Address 9880 W. 10th St. Lot 40-1

Subscribed and sworn to before me this 18 day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Carol Stewart
Date of Birth 4 22 1960
Place of Birth (State or foreign country) Stewart Ind.
Residence Address P.O. Box 128 N. Salem Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) _____
- 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: Alfred W. Stewart
Residence of father (if deceased so state): Deceased
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Marie Beatrice Russell
Residence of mother (if deceased so state): North Salem 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.

Signed Carol Stewart

New Address 9880 W 10th St Lot 40-1

Subscribed and sworn to before me this 18 day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 22nd day of July, 1983, authorizing the joining together as husband and wife of Keith E. Huffer and Carol L. Stewart

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

I, Arthur L. Thomas hereby certify that on the 23rd day of July,
one thousand nine hundred and eighty-three at North Salem, County of Hendricks
State of Indiana, Groom Keith E. Huffer of Hendricks County, State of Indiana
and, Bride Carol L. Stewart of Hendricks County, State of Indiana

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 July, 1983

Signed Arthur L. Thomas
Minister

Official Designation _____
1st day of August, 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. 377
File 7-18-83
Date of Application

MALE
Medical Examination Report Dated 7-14-83
Name of Physician Sherrill W. Braswell

FEMALE
Medical Examination Report Dated 7-12-83
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 Donald Mark Hochstetler
Date of Birth 8 16 1960
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 716 Franklin St., Winston-Salem, N.C.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
- Full name of father Paul Richard Hochstetler
Residence of father (if deceased so state) Plainfield, Ind.
Birthplace of father (State or foreign country) Indiana
- Full maiden name of mother Margaret Aileen Elmore
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 Donald Mark Hochstetler
New Address 1030 Franklin St Winston-Salem NC 27101

Subscribed and sworn to before me this 18th day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Connie Yvette Hettle
Date of Birth 6 11 1962
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 7110 E. 800 North Brownsburg, Ind. 46112
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If 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 James Paul Hettle
Residence of father (if deceased so state) Brownsburg, Ind.
Birthplace of father (State or foreign country) Bloomington, Ind.
- Full maiden name of mother Faith Yvonne Tril
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.
Signed Connie Yvette Hettle
New Address 1030 Franklin St Winston-Salem N.C. 27101

Subscribed and sworn to before me this 18th day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 25th day of July, 1983, authorizing the joining together as husband and wife of Donald Mark Hochstetler and Connie Yvette Hettle

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Donald S. Wallace hereby certify that on the 13th day of August, one thousand nine hundred and eighty-three at Brownsburg, County of Hendricks, State of Indiana, Groom Donald Mark Hochstetler of Hendricks County, State of Indiana and, Bride Connie Yvette Hettle of Hendricks County, State of Indiana 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 13th day of August, 1983

Signed /s/Donald S. Wallace
Official Designation Pastor
16th day of August, 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

563

No. 378

File 7-18-83
Date of Application

MALE
Medical Examination Report Dated 7-14-83
Name of Physician Eric H. Clark, M.D.

FEMALE
Medical Examination Report Dated 7-14-83
Name of Physician Eric H. Clark, M.D.

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

MALE APPLICANT

Name First Steven Middle W. Last Bone
Date of Birth Month 3 Day 26 Year 1958
Place of Birth (State or foreign country) Connersville, Indiana
Residence Address R.R. #3, Box 27, Danville, Ind. 46122

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

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

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

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

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

8. Full name of father: Donald Wayne Bone

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

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Margerie May Howard

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

Signed: Steven W. Bone

New Address: #3 Box 27, Danville

Subscribed and sworn to before me this 18 day of July, 1983

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Signed: _____ Father

Signed: _____ Mother

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

_____, Clerk

FEMALE APPLICANT

Name First Linda Middle Gail Last Clouser
Date of Birth Month 8 Day 10 Year 1953
Place of Birth (State or foreign country) Ballentine, Tennessee
Residence Address R.R. #3, Box 27, Danville, Ind. 46122

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

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

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the 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: Brian De Ragan
Brandon M. Clouser

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

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

8. Full name of father: Clarence Olyen Strum

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

Birthplace of father (State or foreign country): Tennessee

9. Full maiden name of mother: Georgia Gray Cook

Residence of mother (if deceased so state): California

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

Signed: Linda S. Clouser

New Address: #3 Box 27, Danville

Subscribed and sworn to before me this 18 day of July, 1983

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 22 day of July, 1983 authorizing the joining together as husband and wife of Steven W. Bone and Linda Gail Clouser

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 23rd day of July Hendricks
I, William C. McGraw hereby certify that on the _____ County of Indiana
one thousand nine hundred and eighty-three at Danville
State of Indiana, Groom Steven W. Bone of Hendricks
and, Bride Linda Gail Clouser 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 23rd day of July, 1983

Signed: William Charles McGraw
Minister August 1983
Official Designation _____ day of _____ 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. 379

File

7-18-83
Date of Application

MALEMedical Examination Report Dated 7-9-83Name of Physician Harris**FEMALE**Medical Examination Report Dated 7-9-83Name 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 Glenn William Roth
Date of Birth March 5 1961
Place of Birth (State or foreign country) Indiana
Residence Address 6351-A Monarch Dr. Enders Marion Ind.
City Marion County Marion State Ind.

Previous Marital Status: Never Married ☐ ORLast 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 Morand Anthony RothResidence of father (if deceased so state) IndianaBirthplace of father (State or foreign country) Indiana9. Full maiden name of mother Patricia Louise TateleyResidence of mother (if deceased so state) Ind. 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.Signed Glenn W. RothNew Address 6351-A Monarch Dr.Subscribed and sworn to before me this 18 day of July, 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 Tara Lynn Allsup
Date of Birth October 11 1963
Place of Birth (State or foreign country) Indiana
Residence Address 10326 N. H.R. 267 Burg Hendricks Ind.
City Burg County Hendricks State 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.

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

8. Full name of father Bobby Lee AllsupResidence of father (if deceased so state) TexasBirthplace of father (State or foreign country) Indiana9. Full maiden name of mother Bonita Hail WigginsResidence of mother (if deceased so state) IndianaBirthplace 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 Tara L AllsupNew Address 6351-A Monarch Dr.Subscribed and sworn to before me this 18 day of July, 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 _____
HENDRICKS County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 22 day of July, 1983, authorizing the joining together as husband and wife

Glenn William Roth and Tara Lynn Allsup
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, James M. Farrell hereby certify that on the 23rd day of July

one thousand nine hundred and eighty-three at Brownsburg

State of Indiana, Groom B Glenn William Roth of Marion County of Indiana

and, Bride Tara Lynn Allsup of Hendricks County, State of Indiana

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

Dated this July day of 23, 1983.

Signed /s/Rev. James M. FarrellOfficial Designation Catholic Priest26th day of July, 1983Signed Mary Jane Russell ClerkHENDRICKS 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. 380

File July 19, 1983
Date of Application

MALE
Medical Examination Report Dated 7-8-83
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 7-8-83
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 Warren John Dunn, Jr.
Date of Birth May 10 1950
Place of Birth (State or foreign country) In.
Residence Address Rt 3 Box 317 Clayton In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

Jennifer Leigh Dunn
Shawn Christopher Dunn

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

9. Full maiden name of mother: Emma J. Hunaley
Residence of mother (if deceased so state): Clayton In.
Birthplace of mother (State or foreign country): Ky.

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

Signed Warren J. Dunn, Jr.
New Address R.R. 3 Box 317 Clayton, In.

Subscribed and sworn to before me this 19 day of July, 1983.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Kay Miller
Date of Birth Jan 9 1951
Place of Birth (State or foreign country) In.
Residence Address Rt 3 Box 317 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.

Laura Kathryn 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: Jacques C. Hostetter
Residence of father (if deceased so state): Clayton In.
Birthplace of father (State or foreign country): In.

9. Full maiden name of mother: Ethel Mae Hart
Residence of mother (if deceased so state): Clayton 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 Judy Kay Miller
New Address Rt 3 Box 317 Clayton, In.

Subscribed and sworn to before me this 19 day of July, 1983.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 _____, 19____, authorizing the joining together as husband and wife
of Indiana dated the 25th day of July, 1983.
Warren John Dunn, Jr. and Judy Kay Miller

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 27th day of July, 1983, at Clayton, Hendricks County, State of Indiana, one thousand nine hundred and eighty-three
Warren John Dunn, Jr. of Hendricks County, State of Indiana
and, Bride Judy Kay Miller of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of
County.
Dated this 27th day of July, 1983.

Signed / s/ Rev. Kenneth E. Vettters
Pastor August 1983
Official Designation 2nd day of
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. 381File July 20, 1983
Date of Application

MALE
Medical Examination Report Dated 7-19-83
Name of Physician Joseph C. Kurlin

FEMALE
Medical Examination Report Dated 7-19-83
Name of Physician Joseph C. Kurlin

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

MALE APPLICANT

Name Kenneth L. Hughes
Date of Birth October 19, 1957
Place of Birth (State or foreign country) Indiana
Residence Address RR#1 Box 125 Pittsboro, IN
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) drum minor (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 Russell Burton Hughes
Residence of father (if deceased so state) Pittsboro, IN
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Nelma Fay Stillion
Residence of mother (if deceased so state) Pittsboro, IN
Birthplace of mother (State or foreign country) Indiana

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

Signed Kenneth L. Hughes
New Address RR5 Box 174 Danville

Subscribed and sworn to before me this 20 day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Fay Carpenter
Date of Birth February 25, 1964
Place of Birth (State or foreign country) Indiana
Residence Address RR#5 Box 174 Danville, IN
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

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

8. Full name of father Robert Guy Carpenter
Residence of father (if deceased so state) Blount, IN
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Virginia Gutridge Bohn
Residence of mother (if deceased so state) Danville, IN
Birthplace of mother (State or foreign country) Indiana

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

Signed Teresa Fay Carpenter
New Address RR5 Box 174 Danville

Subscribed and sworn to before me this 20 day of July, 19_____
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, 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 27 day of July, 1983, authorizing the joining together as husband and wife
Kenneth L. Hughes and Teresa Fay Carpenter

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 August,
one thousand nine hundred and eighty-three at Lizton, County of Hendricks,
State of Indiana, Groom Kenneth L. Hughes of Hendricks County, State of Indiana
and, Bride Teresa Fay 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. 6th day of August, 1983

Signed /s/Rev. Raymond L. Rader
Pastor

Official Designation 15th day of August, 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

567

MALE
Medical Examination Report Dated 7-15-83
Name of Physician Moretto

FEMALE
Medical Examination Report Dated 7-15-83
Name of Physician Moretto

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to 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 Dennis Murphy
Date of Birth March 4 1959
Place of Birth (State or foreign country) Indiana
Residence Address 539 Hendricks St Plainfield 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) Drivins 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: Dennis Arnold Murphy
Residence of father (if deceased so state): deceased
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Genny Young
Residence of mother (if deceased so state): Indiana
Birthplace of mother (State or foreign country): Indiana

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

Signed Michael D. Murphy
New Address RR #1 Box 20 Cumby, IN 46113

Subscribed and sworn to before me this 21 day of July, 1983.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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

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 July, 1983 authorizing the joining together as husband and wife
Michael Dennis Murphy and Vicki Lynn Jacob

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Marion L. Isley, hereby certify that on the 30th day of July,
one thousand nine hundred and eighty-three at Franklin County of Johnson
State of Indiana, Groom Michael Dennis Murphy of Hendricks County, State of Indiana
and, Bride Vicki Lynn Jacob of Hendricks County, State of Indiana

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 July, 1983

Signed /s/Rev. Marion L. Isley
Official Designation Baptist Minister August 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. 323
File 7-21-83
Date of Application

MALE
Medical Examination Report Dated 7-15-83
Name of Physician J. Richard Roskam

FEMALE
Medical Examination Report Dated 7-15-83
Name of Physician J. Richard Roskam

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to 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 Allen Purkiser
Date of Birth Feb. 14 1964
Place of Birth (State or foreign country) Vincennes, Ind.
Residence Address 3090 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) _____

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

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

8. Full name of father Thomas A. Purkiser
Residence of father (if deceased so state) Decatur, Ill.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Linda F. Catt
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 Allen Purkiser
New Address 135 Homestead Dr.

Subscribed and sworn to before me this 21 day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Lori Lynne Means
Date of Birth March 11 1964
Place of Birth (State or foreign country) Danville, Ind.
Residence Address 135 Homestead Dr., 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) _____

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

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

8. Full name of father Robert Earl Means
Residence of father (if deceased so state) Mooresville, Ind.
Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Virgie Lee Sadler
Residence of mother (if deceased so state) Mooresville, 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 Lori Lynne Means
New Address 135 Homestead Dr.

Subscribed and sworn to before me this 21 day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 21 day of July, 1983, authorizing the joining together as husband and wife
RICHARD ALLEN PUTKISER and LORI LYNE MEANS

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

I, DONALD EENDSLEY hereby certify that on the 30th day of JULY,
one thousand nine hundred and EIGHTY THREE at MOORESVILLE,
State of Indiana, Groom RICHARD A. PURKISER of HENDRICKS County, State of INDIANA,
and, Bride LORI LYNE MEANS of HENDRICKS County, State of INDIANA,
were by me united 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 JULY, 1983.

Signed DONALD EENDSLEY

Official Designation BAPTEST MINESTER

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of OCTOBER, 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. 384

File
7-21-83
Date of Application

MALE
Medical Examination Report Dated 7-17-83
Name of Physician Haggard

FEMALE
Medical Examination Report Dated 7-17-83
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 Willis G. Curtis
Date of Birth 12 Month 19 Day 1942 Year
Place of Birth (State or foreign country) Dothan Alabama
Residence Address 524 Sugarwood Ln. P.O. Box 97 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) 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.
Jason Wade Curtis

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

8. Full name of father: John Henry Curtis
Residence of father (if deceased so state): Indpls Ind.
Birthplace of father (State or foreign country): Florida
9. Full maiden name of mother: Marjorie Rosalee Belt
Residence of mother (if deceased so state): Indpls Ind.
Birthplace of mother (State or foreign country): Indiana

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

Signed Willis G. Curtis
New Address P.O. Box 97 Danville Ind.

Subscribed and sworn to before me this 21 day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Jeanette J. Stamper
Date of Birth 4 Month 28 Year 1944
Place of Birth (State or foreign country) Indpls Ind.
Residence Address P.O. Box 97 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) 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.
Randall L. Stamper

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

8. Full name of father: James Harold Keller
Residence of father (if deceased so state): Clayton Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Anita May Harvey
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 Jeanette J. Stamper
New Address P.O. Box 97 Danville

Subscribed and sworn to before me this 21 day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 _____, 1983, authorizing the joining together as husband and wife

of Indiana dated the 25 day of July, 1983, and Jeanette J. Stamper
Willis G. Curtis

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Mary Lee Comer hereby certify that on the 13th day of August, 1983, at Danville County of Hendricks State of Indiana

one thousand nine hundred and eighty-three at Hendricks County, State of Indiana
State of Indiana, Groom Willis G. Curtis of Hendricks County, State of Indiana
and, Bride Jeanette J. Stamper 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 13th day of August, 1983
Signed Mary Lee Comer
Official Designation Judge, Superior Court #1
August 15th 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. 385
File 7-22-83
Date of Application

MALE
Medical Examination Report Dated 7-11-83
Name of Physician Dammell

FEMALE
Medical Examination Report Dated 7-12-83
Name of Physician Dammell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to 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 Joseph Smith
Date of Birth Feb. 4 1935
Place of Birth (State or foreign country) Indpls. Coal City Indiana
Residence Address Rt 1 Box 61 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) _____

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

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

Signed Walter J. Smith
New Address 3462 Hyannis Port In
Subscribed and sworn to before me this 22 day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Ann Lewis
Date of Birth April 4 1945
Place of Birth (State or foreign country) Indpls.
Residence Address 3462 Hyannis Port Indpls Marion In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Francis Reeder
Residence of father (if deceased so state) Indpls.
Birthplace of father (State or foreign country) Indpls.
9. Full maiden name of mother Margaret Eloise Johnson
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 Margaret A. Lewis
New Address 3462 Hyannis Port, Indpls
Subscribed and sworn to before me this 22 day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 26 day of July, 1983, authorizing the joining together as husband and wife Walter Joseph Smith and Margaret Ann Lewis

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 13th day of August, one thousand nine hundred and eighty-three at Plainfield, County of Hendricks, State of Indiana, Groom Walter Joseph Smith of Hendricks County, State of Indiana and, Bride Margaret Ann Lewis of Marion County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 13th day of August, 1983

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

Signed s/Thomas E. Chittenden, Jr.
Official Designation Minister
16th day of August, 1983
Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

571

HENDRICKS

County

No. 386

File

7-22-83

Date of Application

MALE

Medical Examination Report Dated

7-19-83

Name of Physician

Baker

FEMALE

Medical Examination Report Dated

7-19-83

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 Donald Wilson
Date of Birth July 22 1932
Place of Birth (State or foreign country) Marion, Indpls., In
Residence Address P.O. Box 599 Arden Alachua Florida
City Arden County Alachua State Florida

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If 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: Lugin Wilson

Residence of father (if deceased so state): deceased

Birthplace of father (State or foreign country): Lincoln Co., Ky

9. Full maiden name of mother: Elsie Howard Dale

Residence of mother (if deceased so state): B'burg

Birthplace of mother (State or foreign country): Jayette Co., Ky

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

Signed Donald Wilson

New Address 7120 N 900E B'burg In 46112

Subscribed and sworn to before me this 22 day of July, 1983

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 29 day of July, 1983, authorizing the joining together as husband and wife

Donald Wilson

and Jane Ann Alverson

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

Jerry R. Nash

hereby certify that on the 4th day of August

August

County of Hendricks

one thousand nine hundred and eighty-three

at

Alachua

County, State of Florida

State of Indiana, Groom Donald Wilson

of Hendricks

County, State of Indiana

and, Bride Jane Ann Alverson

of _____

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 4th day of August, 1983

Signed /s/ Jerry R. Nash

Pastor

83

Official Designation

August

Clerk

15th

day of

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

Re-Marriage STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 387

File July 22, 1983

Date of Application

MALE
Medical Examination Report Dated 7-18-83
Name of Physician J. R. Roskam

FEMALE
Medical Examination Report Dated 7-18-83
Name of Physician J. R. Roskam

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to 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 S. Perry
Date of Birth Aug 12 1931
Place of Birth (State or foreign country) Ind.
Residence Address 412 Parke 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) 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 ☐

6. List the full names of any dependent children
Steven Perry

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

9. Full maiden name of mother Jane Cussey
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.

Signed Richard S. Perry
New Address 412 Parke Dr.

Subscribed and sworn to before me this 22 day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Claudette O. Perry
Date of Birth Oct 3 1938
Place of Birth (State or foreign country) Ind.
Residence Address 412 Parke 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) 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 ☐

6. List the full names of any dependent children
Steven Perry

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

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

9. Full maiden name of mother Dorothy Knight
Residence of mother (if deceased so state) Tampa, Fl.
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 Claudette O. Perry
New Address 412 Parke Dr.

Subscribed and sworn to before me this 22 day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 _____
of Indiana dated the 27 day of July, 1983, authorizing the joining together as husband and wife
Richard S. Perry and Claudette O. Perry
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, William Grant Nigh hereby certify that on the 29th day of July,
one thousand nine hundred and eighty-three at Indianapolis,
State of Indiana, Groom Richard S. Perry of Hendricks County, State of Indiana
and, Bride Claudette O. Perry of Hendricks County, State of Indiana
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. 29th day of July, 1983

Signed /s/William Grant Nigh

Official Designation Pastor
15th day of August, 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. 388

File

7-25-83
Date of Application

MALE

Medical Examination Report Dated

Name of Physician

FEMALE

Medical Examination Report Dated 7-19-83

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 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.

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

8. Full name of father

Residence of father (if deceased so state)

Birthplace of father (State or foreign country)

9. Full maiden name of mother

Residence of mother (if deceased so state)

Birthplace of mother (State or foreign country)

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

Signed

New Address

Subscribed and sworn to before me this day of 19

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

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

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

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

Residence of father (if deceased so state) Deceased

Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Louise Mitchell

Residence of mother (if deceased so state) 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 Jennifer Dixon

New Address

Subscribed and sworn to before me this 25 day of July, 1983

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 County, 19, authorizing the joining together as husband and wife of Indiana dated the day of and

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, hereby certify that on the day of County of
at County, State of
one thousand nine hundred and of County, State of HENDRICKS
State of Indiana, Groom of
and, Bride 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 day of 19 Clerk

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. 389
File 7-25-83
Date of Application

MALE

Medical Examination Report Dated 7-24-83
Name of Physician Eric W. Clark, M.D.

FEMALE

Medical Examination Report Dated 7-24-83
Name of Physician Eric W. 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 Robert W. Sparks
Date of Birth Month 10 Day 4 Year 1936
Place of Birth (State or foreign country) Rockville, Ind.
Residence Address Street or R. R. City County State
12917 West Rockville Rd., Indpls., Ind. 46234
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Armed Services 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.
Thomas Michael Sparks - 11
James Michael Sparks - 13

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

8. Full name of father loyd E. Sparks
Residence of father (if deceased so state) Rockville, Ind.
Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Juanita McCoun
Residence of mother (if deceased so state) Rockville, 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 Robert D. Sparks
New Address 12917 W. Rockville Rd.

Subscribed and sworn to before me this 25th day of July, 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 Nancy E. Layfield
Date of Birth Month 6 Day 27 Year 1935
Place of Birth (State or foreign country) Kokomo, Ind.
Residence Address Street or R. R. City County State
12917 West 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) Armed Services License w/ Pic

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

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

8. Full name of father Dean E. Keith
Residence of father (if deceased so state) Kokomo, Indiana
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bertrude Inneblood
Residence of mother (if deceased so state) Kokomo, Ind.
Birthplace of mother (State or foreign country) Portland, Ind.

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

Signed Nancy E. Layfield
New Address 12917 W. Rockville Rd.

Subscribed and sworn to before me this 25th day of July, 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 29 day of July, 19 83, authorizing the joining together as husband and wife Robert D. Sparks and Nancy E. Layfield

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 30th day of July, one thousand nine hundred and eighty-three at Avon, County of Hendricks, State of Indiana, Groom Robert D. Sparks of Hendricks County, State of Indiana and, Bride Nancy E. Layfield of Hendricks County, State of Indiana were by me united 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 July, 19 83

Signed /s/ Rev. William P. Hendricks

Official Designation Minister
15th day of August, 19 83

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. 390
File

MALE
Medical Examination Report Dated 7-15-83
Name of Physician Lovall

FEMALE
Medical Examination Report Dated 7-15-83
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 Jimmy Allen Alan Goins
Date of Birth Month 3 Day 5 Year 1951
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address 301 Green Street or R. R. City Ellettsburg 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.

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

8. Full name of father: Esley Lee Goins
Residence of father (if deceased so state): Clayton Ind.

Birthplace of father (State or foreign country): Tennessee

9. Full maiden name of mother: Pauline J. Cooper
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.

Signed Jimmy A. Goins
New Address 301 Green St. Plainfield 46168

Subscribed and sworn to before me this 25 day of July, 1983
Mary Jane Russell Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of 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 Delores
Date of Birth Month 12 Day 9 Year 1960
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address 1835 S. Engleton Street or R. R. City Indianapolis County Hendricks State Ind.

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

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If 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: Lee R. Harris
Residence of father (if deceased so state): Indianapolis Ind.

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Alice A.
Residence of mother (if deceased so state): Indianapolis Ind.

Birthplace of mother (State or foreign country): Indiana

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

Signed Delores J. Harris
New Address 301 Green St. Plainfield 46168

Subscribed and sworn to before me this 25 day of July, 1983
Mary Jane Russell Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of 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 in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks County Court, Indiana, dated the 29 day of July, 1983, authorizing the joining together as husband and wife of Jimmy Alan Goins and Delores J. Harris.

Be it further remembered, the following marriage certificate was filed in my office, to-wit: hereby certify that on the 3rd day of August, 1983, at Plainfield, Hendricks County, State of Indiana, of Jimmy Alan Goins and Delores J. Harris.

one thousand nine hundred and eighty-three
State of Indiana, Groom Jimmy Alan Goins
and, Bride Delores J. Harris

were by 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 3rd day of August, 1983

Signed /s/ Ron Hallock Minister August 15th day of August 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. 391
File _____
Date of Application 7-26-83

MALE
Medical Examination Report Dated 7-22-83
Name of Physician Kerlin

FEMALE
Medical Examination Report Dated 7-22-83
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 Tony Ray Stevenson
Date of Birth January 8 1963
Place of Birth (State or foreign country) Indiana
Residence Address 456 Gibbs Rd. 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 Harvie Russell Stevenson

Residence of father (if deceased so state) Indiana

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Thelma Stone Hyatt

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 Tony R. Stevenson

New Address _____

Subscribed and sworn to before me this 26 day of July, 1983.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Karen Anne Przybylski
Date of Birth July 8 1963
Place of Birth (State or foreign country) Penn.
Residence Address RR #1 Box 304 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 Edward John Przybylski

Residence of father (if deceased so state) deceased

Birthplace of father (State or foreign country) Penn.

9. Full maiden name of mother Mary Margaret Tries

Residence of mother (if deceased so state) Indiana

Birthplace of mother (State or foreign country) Penn.

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

Signed Karen Anne Przybylski

New Address _____

Subscribed and sworn to before me this 26 day of July, 1983.

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 2 day of August, 1983, authorizing the joining together as husband and wife

Tony Ray Stevenson

and Karen Anne Przybylski

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

I, Rev. Kenneth E. Vettors hereby certify that on the 6th day of August,
one thousand nine hundred and eighty-three at Avon, County of Hendricks
State of Indiana, Groom Tony Ray Stevenson of Hendricks County, State of Indiana
and, Bride Karen Anne Przybylski of Hendricks County, State of Indiana

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 August, 1983.

Signed/s/Rev. Kenneth E. Vettors

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 15th day of August, 1983.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 392
File
Date of Application July 24, 1983

MALE
Medical Examination Report Dated 7-16-83
Name of Physician Bill Byrd

FEMALE
Medical Examination Report Dated 7-16-83
Name of Physician Bill Byrd

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

MALE APPLICANT

Name Carl T. Brackin
Date of Birth Nov 15 1939
Place of Birth (State or foreign country) Ind.
Residence Address 1549 S. Morgantown Rd. Greenwood
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.

Carl T. Brackin, Jr.
Lori Lynn Brackin

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

9. Full maiden name of mother: Marie Bristow
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.
County of

Signed: Carl T. Brackin
New Address: 9725 Melody Lane

Subscribed and sworn to before me this 26 day of July, 1983
Mary Jane Russell Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Melba F. Cobia
Date of Birth July 4 1927
Place of Birth (State or foreign country) Ind.
Residence Address 9725 Melody Lane
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: Douglas Lunn
Residence of father (if deceased so state): deceased
Birthplace of father (State or foreign country): Tenn.

9. Full maiden name of mother: Allie Cathy
Residence of mother (if deceased so state): Indiana, 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: Melba F. Cobia
New Address: 9725 Melody Lane

Subscribed and sworn to before me this 26 day of July, 1983
Mary Jane Russell Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 County Court, authorizing the joining together as husband and wife of Indiana dated the 1st day of August, 1983, by Carl T. Brackin and Melba F. Cobia.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. George P. Allen, hereby certify that on the 7th day of August, 1983, at Indianapolis, Indiana, County of Hendricks, State of Indiana, Groom Carl T. Brackin and Bride Melba F. Cobia were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana, on the 7th day of August, 1983.

Dated this 7th day of August, 1983
Signed: /s/ Rev. George P. Allen
Official Designation: August
15th day of August, 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. 393
File 7-27-83
Date of Application

MALE

Medical Examination Report Dated 7-16-83
Name of Physician Robert Armer

FEMALE

Medical Examination Report Dated 7-16-83
Name of Physician Robert Armer

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

MALE APPLICANT

Name Robert Bryan Reath
Date of Birth 7-1-1965
Place of Birth (State or foreign country) Indpls, Ind.
Residence Address RR 1 Box 122 B, Linton, Ind.
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 Charles Robert Reath
Residence of father (if deceased so state) Linton, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sue Anne Shank
Residence of mother (if deceased so state) Linton Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Robert Bryan Reath

New Address 410 Karyn Drive Plainfield, Ind.

Subscribed and sworn to before me this 27 day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Sheryl Ann Bruce
Date of Birth 11-9-1967
Place of Birth (State or foreign country) Danville, Ind.
Residence Address 410 Karyn Dr. Plfd. Ind.
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 Elden J. Bruce
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bernette R. Brock
Residence of mother (if deceased so state) Same
Birthplace of mother (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 Sheryl Ann Bruce

New Address 410 Karyn Drive

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 Elden Bruce Father

Signed Bernette R. Brock Mother

Subscribed and sworn to before me this _____ day of _____, 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 Court by written order issued _____ day of _____, 1983, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 August, 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, Anthony C. Guido

one thousand nine hundred and eighty-three hereby certify that on the 6th day of August, 1983, at Danville, Hendricks County, State of Indiana, Groom Robert Bryan Reath and, Bride Sheryl Ann 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 County.

Dated this 6th day of August, 1983

Signed s/Anthony C. Guido

Official Designation Judge Pro-Tempore Superior Court #2
15th day of August, 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

579

HENDRICKS

County

No. 394

File

MALE

Medical Examination Report Dated 7-26-83

Name of Physician Haggard

FEMALE

Medical Examination Report Dated 7-28-83

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 Phillip Lane Clark
Date of Birth May 30 1962
Place of Birth (State or foreign country) Indiana
Residence Address 4 Hillcrest Ct. Danville, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) 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.

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

New Address 4 Hillcrest Ct. Danville, IN.

Subscribed and sworn to before me this 28th day of July 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Roberta Lynn Bridges
Date of Birth Sept 11 1962
Place of Birth (State or foreign country) Indiana
Residence Address 2918 Embassy Row Apt #425 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) Drums 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: Robert Lemare Bridges
Residence of father (if deceased so state): deceased
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Lois Adell Anderson
Residence of mother (if deceased so state): Indiana
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 Roberta L. Bridges

New Address 4 Hillcrest Ct. Danville, IN.

Subscribed and sworn to before me this 28th day of July 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 2 day of August 1983, authorizing the joining together as husband and wife
Phillip Lane Clark and Roberta Lynn Bridges
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert D. Baum hereby certify that on the 6th day of August
one thousand nine hundred and eighty-three at Danville, County of Hendricks
State of Indiana, Groom Phillip Lane Clark of Hendricks County, State of Indiana
and, Bride Roberta Lynn Bridges of Marion 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 6th day of August 1983
Signed /s/ Robert C. Baum
Presbyterian Clergyman
Official Designation August 15th day of August 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. 395

File July 28, 1983
Date of Application

MALE

Medical Examination Report Dated 7-22-83
Name of Physician Joseph Kerlin

FEMALE

Medical Examination Report Dated 7-22-83
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 Lance Alan Shelton
Date of Birth Aug 30 1964
Place of Birth (State or foreign country) Ind
Residence Address 409 W. Shelby 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? No ☐ Yes ☐
If 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 T. Shelton
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Corrie Hill
Residence of mother (if deceased so state) Plainfield, 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.

Signed Lance Shelton
New Address 3102 Clover Dr. Indpls. IN

Subscribed and sworn to before me this 28 day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Lynn Leisure
Date of Birth Jan 27 1965
Place of Birth (State or foreign country) Ind
Residence Address Rt 1 Box 20 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 James C. Leisure
Residence of father (if deceased so state) Danville, Ind.
Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Alma C. Anderson
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 Sharon L. Leisure
New Address 3102 Clover Dr. Indpls. IN

Subscribed and sworn to before me this 28 day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 1 day of Aug, 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 R. Travis hereby certify that on the 1st day of August,
one thousand nine hundred and eighty-three at Danville, County of Hend.,
State of Indiana, Groom Lance Alan Shelton of Hend. County, State of IN,
and, Bride Sharon Lynn Leisure of Hend. County, State of IN,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS
County.
Dated this 1st day of August, 1983.

Signed Larry R. Travis
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of August, 1983
Signed Mary Jane Russell Clerk
_____ HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

581

MALE
Medical Examination Report Dated 7-12-83
Name of Physician Haggard

Female
Medical Examination Report Dated 7-12-83
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 Jeffrey Michael Aldridge
Date of Birth March 6 1961
Place of Birth (State or foreign country) Indiana
Residence Address 7335 Mariner Way apt 301 Indianapolis Ind
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Lee Aldridge
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Judith Kay Reed
Residence of mother (if deceased so state) Indiana
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 Jeffrey Michael Aldridge
New Address 7335 Mariner Way - apt 301

Subscribed and sworn to before me this 28 day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Kelly Rae Yoho
Date of Birth May 12 1961
Place of Birth (State or foreign country) Indiana
Residence Address 1404 Denver Dr. 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If 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 Lance Yoho
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Judith Kay White
Residence of mother (if deceased so state) Indiana
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 Kelly Rae Yoho
New Address 7335 Mariner Way - apt 301

Subscribed and sworn to before me this 28 day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 2 day of August, 1983, authorizing the joining together as husband and wife of Jeffrey Michael Aldridge and Kelly Rae Yoho
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Dennis R. Fulton hereby certify that on the 6th day of August
one thousand nine hundred and eighty-three at Indianapolis County of Marion
State of Indiana, Groom Jeffrey Michael Aldridge of Marion County, State of Indiana
and, Bride Kelly Rae Yoho 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 6th day of August, 1983

Signed /s/ Dennis R. Fulton
Cristian Minister
Official Designation August
15th 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. 397

File _____

7-29-83
Date of Application

MALE

Medical Examination Report Dated 7-19-83

Name of Physician Kerlin

FEMALE

Medical Examination Report Dated 7-19-83

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 William Howard Nelson
Date of Birth February 2 1936
Place of Birth (State or foreign country) Indiana

Residence Address R.R. #1 Box 165A Castleton Ind.

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 William Henry Nelson

Residence of father (if deceased so state) deceased

Birthplace of father (State or foreign country) Ky.

9. Full maiden name of mother Clara Wilson

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 William H. Nelson

New Address R.R. #1 Box 165A Castleton, Ind.

Subscribed and sworn to before me this 29 day of July, 1983

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Shirley Ann Skillman
Date of Birth July 28 1930
Place of Birth (State or foreign country) Ill.

Residence Address 1630 Willard Court 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 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 Cole Clea Winnett

Residence of father (if deceased so state) deceased

Birthplace of father (State or foreign country) Ill.

9. Full maiden name of mother Mary Elizabeth Turner

Residence of mother (if deceased so state) deceased

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 Shirley Ann Skillman

New Address R.R. #1 Box 165A, Castleton Ind.

Subscribed and sworn to before me this 29 day of July, 1983

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 _____
of Indiana dated the 2 day of August, 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, Dan J. Smetzer and Shirley Ann Skillman

hereby certify that on the 5 day of Aug.,
one thousand nine hundred and eighty-three at Amo, County of Hend.

State of Indiana, Groom William Howard Nelson of Hend. County, State of IN
and, Bride Shirley Ann Skillman of Hend. County, State of IN

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

Dated this 5th day of August, 1983

Signed Dan J. Smetzer
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of August, 1983

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 395
File
7-29-83
Date of Application

MALE
Medical Examination Report Dated 7-26-83
Name of Physician Baker

FEMALE
Medical Examination Report Dated 7-25-83
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 William Middle Edward Last Voit
Date of Birth Month 8 Day 24 Year 1948
Place of Birth (State or foreign country) Baltimore MD
Residence Address R1 Box 42 N. Salem 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 George Washington Voit
Residence of father (if deceased so state) Glen Burnie, MD
Birthplace of father (State or foreign country) Maryland

9. Full maiden name of mother Virginia Mae Rice
Residence of mother (if deceased so state) Glen Burnie, MD
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 William Edward Voit

New Address R1 Box 42 North Salem, IN 46165

Subscribed and sworn to before me this 29 day of July, 1983

Mary Jane Russell Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Cheryl Middle Ellen Last Kennedy
Date of Birth Month 2 Day 23 Year 1957
Place of Birth (State or foreign country) Lebanon Ind
Residence Address R1 Box 42 North Salem 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 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 Owen Wilson
Residence of father (if deceased so state) Jamestown, Ind
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Elizabeth Katherine Armstrong
Residence of mother (if deceased so state) Jamestown, 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 Cheryl Lee Kennedy

New Address R1 Box 42 North Salem, IN 46165

Subscribed and sworn to before me this 29 day of July, 1983

Mary Jane Russell Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Hendricks County authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks County Court, authorizing the joining together as husband and wife of Indiana dated the 2 day of August, 1983.

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Cheryl L. Kennedy and William Edward Voit

I, Rev. Larry D. Galloway, Sr., hereby certify that on the 6th day of August, 1983, at Lizton, Hendricks County, State of Indiana, Groom William Edward Voit of Hendricks County, State of Indiana, and, Bride Cheryl Lee 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 6th day of August, 1983.

Signed Larry D. Galloway, Sr. Pastor

Official Designation August 15, 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. 399
File 7-29-83
Date of Application

MALE
Medical Examination Report Dated 7-8-83
Name of Physician D. Mc Carthy

FEMALE
Medical Examination Report Dated 7-8-83
Name of Physician D. Mc Carthy

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to 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 E. Bymaster
Date of Birth Month 26 Year 1952
Place of Birth (State or foreign country) Beek Grove, Ind.
Residence Address 258 Aron Ave. 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) Drivers 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.
Amanda Sue 7

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 Bymaster
Residence of father (if deceased so state) Indianapolis, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jan Ann Chappel
Residence of mother (if deceased so state) Nashville, 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.
County of HENDRICKS

Signed John E. Bymaster

New Address 2603 Sear Ct. INDRS.

Subscribed and sworn to before me this 29 day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Dianna M. Redding
Date of Birth Month 7 Day 9 Year 1949
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 258 Aron Ave Rfd.
Previous Marital 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?
If 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.
Rodger 13
Brian 8

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Potat
Residence of father (if deceased so state) Clayton, Ind.
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Rena Stein
Residence of mother (if deceased so state) Clayton, Ind
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 Dianna M. Redding

New Address 2603 Sear Ct. INDRS. #6227

Subscribed and sworn to before me this 29 day of July, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 _____
of Indiana dated the _____ day of August, 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, Myron Barnard hereby certify that on the 22 day of Sept.
one thousand nine hundred and 83 at Indianapolis, County of Marion,
State of Indiana, Groom John E. Bymaster of Ind County, State of Ind.
and, Bride Dianna M. Redding of Ind County, State of Ind.
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County. _____
Dated this 22 day of Sept., 1983.

Signed Myron Barnard

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of Sept, 1983.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 400

File
72883
Date of Application

MALE
Medical Examination Report Dated 7-28-83
Name of Physician Moratta

FEMALE
Medical Examination Report Dated 7-28-83
Name of Physician Moratta

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

MALE APPLICANT

Name First Scott Middle Patrick Last Irwin
Date of Birth Month Sept Day 17 Year 1959
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. 6117 apt B Robin Run Indianapolis City Marion County State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If 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 Irwin Irwin
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Indiana

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

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

Signed Scott Irwin
New Address 6117 B Robin Run Indas IN 46254

Subscribed and sworn to before me this 29 day of July, 1983.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of 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 Luann Middle Mae Last Ludlow
Date of Birth Month March Day 2 Year 1959
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. 4076 N. Raceway Rd Indianapolis City Marion County State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drives 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 Richard James Ludlow
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Nancy Mae Todd
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 Luann Ludlow
New Address 6117 Robin Run B

Subscribed and sworn to before me this 29 day of July, 1983.
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of 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 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 2 day of Aug.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Mike Campbell, hereby certify that on the 20th day of August, 1983, at Brownsburg, County of Hendricks, State of Indiana, Groom Scott Patrick Irwin, of Marion County, State of Indiana, and, Bride Luann Mae Ludlow, of Hendricks County, State of Indiana, 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 August, 1983.

Signed /s/Mike Campbell
Associate Pastor
Official Designation August
24th day of
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. 4401
File 8-1-83
Date of Application

MALE

Medical Examination Report Dated 7-26-83
Name of Physician Kerlin

FEMALE

Medical Examination Report Dated 7-26-83
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 Norman D. Heinrichs
Date of Birth January 23 1941
Place of Birth (State or foreign country) Indiana
Residence Address 66 Lakeside Dr., Apt B, Plainfield, 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) Driver's Lic. w/ picture

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

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

8. Full name of father Charles P. Heinrichs
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Dorothy Mae Flake
Residence of mother (if deceased so state) 200 Barbours Ln. Apt. 1, 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 Norman D. Heinrichs
New Address 1205 Dr. Brownsburg 46112

Subscribed and sworn to before me this 1st day of August, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 L. Barnett
Date of Birth March 6 1943
Place of Birth (State or foreign country) Indiana
Residence Address 1205 Dr. 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 Lic. 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 W. Lee A. Stewart
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Leona E. Siefker
Residence of mother (if deceased so state) 831 S. Main, 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 Barbara L. Barnett
New Address 1205 Dr. Brownsburg 46112

Subscribed and sworn to before me this 1st day of August, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 5th day of Aug, 1983, authorizing the joining together as husband and wife
Norman D. Heinrichs and Barbara L. Barnett

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

I, J. Kincaid Smith hereby certify that on the 19th day of August,
one thousand nine hundred and eighty-three at Brownsburg, County of Hendricks,
State of Indiana, Groom Norman D. Heinrichs of Hendricks County, State of Indiana,
and, Bride Barbara L. Barnett of Hendricks County, State of Indiana,
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 August, 1983.

Signed /s/J. Kincaid Smith
Pastor

Official Designation 24th day of August, 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

587

No. 402

File 8-1-83
Date of Application

MALE
Medical Examination Report Dated 7-26-83
Name of Physician Scudder

FEMALE
Medical Examination Report Dated 7-26-83
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 promise shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Esic Middle W. Last Brown
Date of Birth Month February Day 20 Year 1962
Place of Birth (State or foreign country) Indiana
Residence Address 88 Box 372 Lot 36 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) Divorce Lic. w/ picture

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

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

8. Full name of father William C. Brown
Residence of father (if deceased so state) Indianapolis, IN
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Jean Clair
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 Eric W. Brown
New Address 88 Box 372 Lot 36 Indianapolis, IN

Subscribed and sworn to before me this 12 day of August 1983
Mary Jane Russell Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Suzanne Middle Marie Last Beard
Date of Birth Month September Day 5 Year 1962
Place of Birth (State or foreign country) Indiana
Residence Address 88 Box 372 Lot 36 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) 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 Hoyd Beard
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Donna L. Oliver
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 Suzanne M. Beard
New Address 88 Box 372 Lot 36 Indianapolis, IN

Subscribed and sworn to before me this 12 day of August 1983
Mary Jane Russell Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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 _____, 1983
ERIC W. BROWN and SUZANNE M. BEARD

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, JOHN D. WILLIAMS, hereby certify that on the 14 day of August, 1983, at Indianapolis, Hendricks County, State of Indiana, Groom ERIC W. BROWN and, Bride SUZANNE M. BEARD were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 14 day of August, 1983

Signed /s/ John D. Williams
Official Designation MINISTER
17 day of August 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. 403
File 8-1-83
Date of Application

MALE
Medical Examination Report Dated 7-26-83
Name of Physician Haggard

FEMALE
Medical Examination Report Dated 7-26-83
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 Michael L. Selvia
Date of Birth March 8 1958
Place of Birth (State or foreign country) Indiana
Residence Address 945 Raymond Plainfield Hendricks IN
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's Lic. 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 Benny L. Selvia
Residence of father (if deceased so state) Plainfield, IN
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia A. Burtholme
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 Michael L. Selvia
New Address 1555 Raymond

Subscribed and sworn to before me this 1st day of August, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 A. Spiehler
Date of Birth January 8 1961
Place of Birth (State or foreign country) Indiana
Residence Address 4521 Hedge Dr. Plainfield Hendricks IN
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's Lic. 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 Alfred Spiehler
Residence of father (if deceased so state) Plainfield, IN
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia E. Bassick
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 Beth A. Spiehler
New Address 1555 Raymond

Subscribed and sworn to before me this 1st day of August, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 5 day of August, 1983, authorizing the joining together as husband and wife Michael L. Selvia and Beth A. Spiehler

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

I, Dewey A. Thackston hereby certify that on the 6th day of August, one thousand nine hundred and eighty-three at Plainfield, County of Hendricks, State of Indiana, Groom Michael L. Selvia of Hendricks County, State of Indiana and, Bride Beth A. Spiehler of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 6th day of August, 1983.

Signed /s/ Dewey A. Thackston

Official Designation Minister
6th day of August, 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

589

MALE
Medical Examination Report Dated 7-19-83
Name of Physician Hansbrook

404
No. 404
File 8-2-83
Date of Application
FEMALE
Medical Examination Report Dated 7-20-83
Name of Physician Hansbrook

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to 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 M. Arness
Date of Birth 1 Month 13 Day 1956 Year
Place of Birth (State or foreign country) Gary Ind.
Residence Address 1907 Shiloh Rd. Indpls City Indianapolis 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

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If 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 Emil Arness
Residence of father (if deceased so state) Las Vegas, Nevada
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Irene Putzi
Residence of mother (if deceased so state) Gary 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 Ronald Arness

New Address 1907 SHILOH RD.

Subscribed and sworn to before me this 2 day of Aug, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Theresa A. Miles
Date of Birth 10 Month 22 Day 1955 Year
Place of Birth (State or foreign country) New Castle Ind.
Residence Address 1907 Shiloh Rd. Indpls City Indianapolis 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

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If 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 Edward Miles
Residence of father (if deceased so state) New Castle Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rosemary Ann Armstrong
Residence of mother (if deceased so state) New Castle 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 Theresa A. Miles

New Address 1907 Shiloh Road

Subscribed and sworn to before me this 2 day of Aug, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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 8 day of Aug, and _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ day of _____, County of _____
I, _____ hereby certify that on the _____ day of _____, County, State of _____
at _____ of _____ County, State of _____
one thousand nine hundred and _____ of _____
State of Indiana, Groom _____
and, Bride _____

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this _____ day of _____, 19____ Signed _____
Official Designation _____ Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____ Signed _____
_____ Clerk

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 405
File 8-2-83
Date of Application

MALE

Medical Examination Report Dated 8-1-83
Name of Physician Stegmoller

FEMALE

Medical Examination Report Dated 8-2-83
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 First Tony Middle Lee Last Wiles
Date of Birth May 26 1959
Place of Birth (State or foreign country) Lebanon, Ind.
Residence Address Box 192 N. Salem Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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 Delmer James Wiles
Residence of father (if deceased so state) N. Salem
Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Doris Jean Brode
Residence of mother (if deceased so state) N. Salem
Birthplace of mother (State or foreign country) Paris, Ill.

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

Signed Tony L. Wiles

New Address P.O. Box 192 North Salem, IN 46165

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 First Laura Middle Lynn Last Selch
Date of Birth 11 30 1963
Place of Birth (State or foreign country) _____
Residence Address Box 385 N. Salem Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

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

New Address P.O. Box 385 N. Salem, IN 46165

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the _____ day of _____, 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. Curtis Southwood

one thousand nine hundred and eighty-three hereby certify that on the 7th day of August

State of Indiana, Groom Tony Lee Wiles at Shoals, County of Martin

and, Bride Laura Lynn Selch of Hendricks County, State of Indiana

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 7th day of August, 1983

Signed /s/Rev. Curtis Southwood

Official Designation Minister
16th day of August, 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

591

MALE

Medical Examination Report Dated 7-21-83

Name of Physician L. Trammel

No. 406

File

FEMALE

Medical Examination Report Dated 7-22-83

Name of Physician L. Trammel

Date of Application 8-3-83

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

MALE APPLICANT

Name Vince Lee Smith
Date of Birth Apr 19 1964
Place of Birth (State or foreign country) Ind.
Residence Address 946 Hunter Dr. Street or R. R. Plainfield 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) _____

- 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 Harold B. Smith, Jr.
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary K. Winton
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Ind.

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

Signed Vince Lee Smith

New Address R.R. 1 Box 413, Clayton IN 46118

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 10 day of August and Teresa Anne Smiley
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, William R. Clayton hereby certify that on the 20 day of August
one thousand nine hundred and eighty-three at Plainfield County of Ind.
State of Indiana, Groom Vince Lee Smith of Hend. County, State of IN
and, Bride Teresa Ann Smiley of Hend. County, State of IN
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
Dated this 20 day of August, 1983.
Signed William R. Clayton
Official Designation Pastor _____
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. 407
File 8-3-83
Date of Application

MALE

Medical Examination Report Dated July 26, 1983
Name of Physician David B. Haggard, M.D.

FEMALE

Medical Examination Report Dated 7-26-83
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 Ted Winters
Date of Birth 5 28 1934
Place of Birth (State or foreign country) Lebanon, In. Boone Co.
Residence Address 1230 Jerry Dr. 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.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Burr Winters Sr.
Residence of father (if deceased so state) Frankfort, In.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Elise Perrine
Residence of mother (if deceased so state) Jamestown, In.
Birthplace of mother (State or foreign country) Indiana

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

Signed Ted B. Winters
New Address 1230 Jerry Dr. Plainfield

Subscribed and sworn to before me this 3rd day of Aug, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Rose Gatts
Date of Birth 9 22 1932
Place of Birth (State or foreign country) Richmond, In.
Residence Address 1230 Jerry Dr. 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.

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

Signed Rose Mary Gatts
New Address 1230 Jerry Dr. Plainfield

Subscribed and sworn to before me this 3rd day of Aug, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 _____ day of _____, 1983, authorizing the joining together as husband and wife
Ted P. Winters and Rose Mary Gatts

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

I, John P. Roof hereby certify that on the 14th day of August,
one thousand nine hundred and eighty-three at Plainfield, County of Hendricks,
State of Indiana, Groom Ted Perrine Winters of Boone County, State of Indiana,
and, Bride Rose Mary Gatts of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County. _____
Dated this 14th day of August, 1983.

Signed /s/ John P. Roof

Official Designation Episcopal Priest
16th day of August, 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. 408

File

8-3-83
Date of Application

MALE

Medical Examination Report Dated

8-2-83

Name of Physician

David Naggar

FEMALE

Medical Examination Report Dated

8-2-83

Name of Physician

David Naggar

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
Randall Scott Galyan
Date of Birth Month Day Year
5 15 1960
Place of Birth (State or foreign country)
Indiana
Residence Address Street or R. R. City County State
RR 1 Box 62, Monrovia, Ind
Previous Marital Status Never Married ☒ OR
Last Marriage Ended By Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by ☐ Birth Certificate ☐ Judicial Decree

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

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

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

8. Full name of father Virgil Edwin Galyan

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

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Sandra Sue Titus

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

Birthplace of mother (State or foreign country) Michigan

State of Indiana, } ss: I depose and state the information given

County of HENDRICKS } in this application is true and correct.

Signed Randall Scott Galyan

New Address RR #1 Box 62 Monrovia, IN

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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
Mary Louise Hand
Date of Birth Month Day Year
11 25 1959
Place of Birth (State or foreign country)
Europe
Residence Address Street or R. R. City County State
226 Southmore, 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) Primo Lince
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

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

If answer is "yes", it is required that this Application be 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 Hand

Residence of father (if deceased so state) deceased

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Kathleen Tullard

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

Birthplace of mother (State or foreign country) Ireland

State of Indiana, } ss: I depose and state the information given

County of HENDRICKS } in this application is true and correct.

Signed Mary Louise Hand

New Address RR #1 Box 62 Monrovia, IN

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 _____ and filed _____

HENDRICKS County _____ Court by written order issued _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

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

I, Rev. Richard Zore hereby certify that on the 13th day of August

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

State of Indiana, Groom Randall Scott Galyan of Hendricks County, State of Indiana

and, Bride Mary Louise Hand of Hendricks County, State of Indiana

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 13th day of August, 1983

Signed /s/Rev. Richard Zore
Roman Catholic Priest
Official Designation August
16th 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. 409File 8-3-83

Date of Application

MALEMedical Examination Report Dated 8-2-83Name of Physician L. C. Hughes**FEMALE**Medical Examination Report Dated 8-2-83Name of Physician L. C. Hughes

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

MALE APPLICANT

Name John Keith Baker
Date of Birth 11 7 1961
Place of Birth (State or foreign country) Indiana
Residence Address 1809 Beechwood, 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 George Russell BakerResidence of father (if deceased so state) Plainfield, Ind.Birthplace of father (State or foreign country) Indiana9. Full maiden name of mother Monica Renee WeeksResidence 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
County of _____ in this application is true and correct.

Signed John K BakerNew Address 370 Northridge Dr. Mooresville, INSubscribed and sworn to before me this 3 day of Aug, 1983Signed Mary Jane Russell Clerk HENDRICKS Circuit Court**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Fay Pingleton
Date of Birth 12 19 1964
Place of Birth (State or foreign country) Indiana
Residence Address 370 Northridge Dr. Mooresville
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

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

8. Full name of father James Edward PingletonResidence of father (if deceased so state) Plainfield, Ind.Birthplace of father (State or foreign country) Kentucky9. Full maiden name of mother Wilma Jean BryantResidence of mother (if deceased so state) Plainfield, Ind.Birthplace of mother (State or foreign country) Kentucky

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

Signed Lisa PingletonNew Address 370 Northridge Dr. Mooresville, INSubscribed and sworn to before me this 3 day of Aug, 1983Signed Mary Jane Russell Clerk HENDRICKS Circuit Court**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 11 day of Aug, 1983, authorizing the joining together as husband and wife
John Keith Baker and Lisa Fay Pingleton

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

I, Wilbur M. Bohanon hereby certify that on the 13th day of Augustone thousand nine hundred and eighty-three at Indianapolis, County of MarionState of Indiana, Groom John Keith Baker of Hendricks County, State of Indianaand, Bride Lisa Fay Pingleton of Morgan County, State of Indianawere by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County. 13th day of August, 1983

Dated this _____ day of _____, 19____

Signed Wilbur M. BohanonOfficial Designation PastorSigned 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

595

No. 410

File
Date of Application 8-4-83

MALE
Medical Examination Report Dated 8-2-83
Name of Physician Glenn W. Baker

FEMALE
Medical Examination Report Dated 8-2-83
Name of Physician Glenn W. Baker

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

MALE APPLICANT

Name First Middle Last
Wayne Lee Gross
Date of Birth Month Day Year
6 20 1938
Place of Birth (State or foreign country)
Putnam County, Indiana
Residence Address Street or R. R. City County State
419 Kentucky, 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) Illinois License

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

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

8. Full name of father: Lee H. Gross
Residence of father (if deceased so state): Indpls., Ind.
Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Ruby L. Reedy
Residence of mother (if deceased so state): Moscow, 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 Wayne L. Gross
New Address 419 Kentucky Plainfield

Subscribed and sworn to before me this 4th day of August, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

Consent of Parents, Parent or Guardian

We, the parents, of this applicant hereby 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 _____ 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 8th day of August, 1983, and _____

Wayne Lee Gross _____ and _____

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

I, Mitchell C. Gieselman hereby certify that on the 12th day of August

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

State of Indiana, Groom Wayne Lee Gross County, State of Indiana

and, Bride Hazel Jean Lilly of Hendricks County, State of Indiana

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 12th day of August, 1983

Signed /s/ Mitchell C. Gieselman Minister _____, 83

Official Designation _____ day of August

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 First Middle Last
Hazel Jean Lilly
Date of Birth Month Day Year
9 24 1941
Place of Birth (State or foreign country)
Ely, Illinois
Residence Address Street or R. R. City County State
32 Martin St., Plainfield, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Illinois License

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If 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.

Andrea J. Lilly
Amy Sue Lilly

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

9. Full maiden name of mother: Haris A. Song
Residence of mother (if deceased so state): Plainfield, Ind.
Birthplace of mother (State or foreign country): Chicago, Illinois

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

Signed Hazel J. Lilly
New Address 419 Kentucky Plainfield

Subscribed and sworn to before me this 4th day of August, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

Consent of Parents, Parent or Guardian

We, the parents, of this applicant hereby 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 _____ 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 8th day of August, 1983, and _____

Wayne Lee Gross _____ and _____

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

I, Mitchell C. Gieselman hereby certify that on the 12th day of August

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

State of Indiana, Groom Wayne Lee Gross County, State of Indiana

and, Bride Hazel Jean Lilly of Hendricks County, State of Indiana

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 12th day of August, 1983

Signed /s/ Mitchell C. Gieselman Minister _____, 83

Official Designation _____ day of August

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. 411
File 8-4-83
Date of Application

MALE
Medical Examination Report Dated 8-4-83
Name of Physician M. O. Seamahorn

FEMALE
Medical Examination Report Dated 8-4-83
Name of Physician M. O. Seamahorn

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

MALE APPLICANT

Name Stephen P. Bruce
Date of Birth 7 15 1951
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 538 Enderly, Brownsburg, Ind. 46112
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree ☐
☐ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If 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 Bruce
Residence of father (if deceased so state) Unknown
Birthplace of father (State or foreign country) Unknown
9. Full maiden name of mother Cedyn King
Residence of mother (if deceased so state) Carmel, Indiana
Birthplace of mother (State or foreign country) Indianapolis, Ind.

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

Signed Stephen P. Bruce
New Address 538 Enderly Ave #2

Subscribed and sworn to before me this 4 day of August, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Phyllis Jane Scott
Date of Birth 12 29 1948
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 538 Enderly, Brownsburg, Ind. 46112
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree ☐
☐ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If 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 Alexander
Residence of father (if deceased so state) Pittsboro, Ind.
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Mary Frances Shaw
Residence of mother (if deceased so state) Pittsboro, 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 Phyllis J. Scott
New Address 538 Enderly Ave #2

Subscribed and sworn to before me this 4 day of August, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 _____
of Indiana dated the 4 day of August, 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 C. Mowrer hereby certify that on the 4th day of August,
one thousand nine hundred and eighty-three at Danville _____
State of Indiana, Groom Stephen P. Bruce of Hendricks County, State of Indiana
and, Bride Phyllis Jane Scott of Hendricks County, State of Indiana

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 August, 1983

Signed /s/ John C. Mowrer

Official Designation Judge, Superior Court #2

Filed and recorded in accordance with the laws of the State of Indiana this 15th day of August, 1983

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

597

MALE
Medical Examination Report Dated 7-28-83
Name of Physician Naggard

FEMALE
Medical Examination Report Dated 7-28-83
Name of Physician 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 David R. Dishong
Date of Birth 3 26 1936
Place of Birth (State or foreign country) Logansport, Ind.
Residence Address 2046 Hanna Rd. P.O. 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.
Affany Ann Dishong

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

If answer is "yes", it is required that this Application be 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 Dishong
Residence of father (if deceased so state) Deceased

Birthplace of father (State or foreign country) Ohio

9. Full maiden name of mother Beetrude Spaulding

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

Birthplace of mother (State or foreign country) Logansport, Ind.

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

Signed David R. Dishong

New Address 2046 Hanna Rd.

Subscribed and sworn to before me this 5 day of Aug. 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 _____ and filed _____
HENDRICKS County _____ Court by written order issued _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 9 day of August, 19 83, authorizing the joining together as husband and wife of David R. Dishong and Judith E. Shaw

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

I, Mary Lee Comer hereby certify that on the 13th day of August

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

State of Indiana, Groom David R. Dishong of Hendricks County, State of Indiana

and, Bride Judith E. 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 _____

Dated this 13th day of August, 19 83

Signed /s/ Mary Lee Comer
Judge, Superior Court #1
August 19 83

Official Designation 15th day of _____
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. 413

File

8-8-83
Date of Application

MALE

Medical Examination Report Dated 7-20-83

Name of Physician Darnet R. Harris, M.D.

FEMALE

Medical Examination Report Dated 7-20-83

Name of Physician Darnet R. Harris, 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 W. Perkinson
Date of Birth 7 14 1946
Place of Birth (State or foreign country) Ann Arbor, Michigan

Residence Address 398 East North, Danville, In. 46122
Street or R. R. City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) 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.
Michael Joseph Perkinson
Timothy Wayne Perkinson

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

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

8. Full name of father Shelley Grandin
Residence of father (if deceased so state) Indianapolis, In.

Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Bernadette J. Kregovich
Residence of mother (if deceased so state) Indianapolis, In.

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 Michael W. Perkinson
New Address 398 E. North St. Danville

Subscribed and sworn to before me this 8th day of August, 1983

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Connie J. Morgason
Date of Birth 8 20 1952
Place of Birth (State or foreign country) La Porte, Indiana

Residence Address 398 East North, Danville, In. 46122
Street or R. R. City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☐ Other (Specify) 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 male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

6. List the full names of any dependent children.
Jonelle Morgason

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

If answer is "yes", it is required that this Application be 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 Dennis Kreeghbaum
Residence of father (if deceased so state) Crawfordsville, In.

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Margaret Hope Zahn
Residence of mother (if deceased so state) Crawfordsville, 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 Connie J. Morgason
New Address 398 E. North St. Danville

Subscribed and sworn to before me this 8th day of August, 1983

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 12th day of August, 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 P. Roof hereby certify that on the 12th day of August

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

State of Indiana, Groom Michael Wayne Perkinson of Hendricks County, State of Indiana

and, Bride Connie Jean Morgason of Hendricks County, State of Indiana

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

Dated this 12th day of August, 1983

Signed John P. Roof
Official Designation Episcopal Priest

15th day of August, 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. 414
File _____
Date of Application 8-8-83

MALE
Medical Examination Report Dated 7-29-83
Name of Physician Scott Parker

FEMALE
Medical Examination Report Dated 7-25-83
Name of Physician Rachana M. Evans

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to 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 First E. Middle Ansted Last
Date of Birth 5 Month 28 Year 1942
Place of Birth (State or foreign country) Salida, Ohio
Residence Address 2228 Shoal Creek Lane, Brownsburg, Ind. 46112
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Driver's License

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

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

8. Full name of father Robert E. Ansted
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Salida, Ohio

9. Full maiden name of mother Maryann Prangeon
Residence of mother (if deceased so state) Cornelle, N.Y.
Birthplace of mother (State or foreign country) Cornelle, N.Y.

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

Signed Michael E. Ansted
New Address 2228 Shoal Creek Lane

Subscribed and sworn to before me this 8th day of August, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Judith First A. Middle Owen Last
Date of Birth 8 Month 12 Year 1943
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 2228 Shoal Creek Lane, 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

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

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

9. Full maiden name of mother Ruth Scott
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.
County of _____

Signed Judith Owen
New Address 2228 Shoal Creek Lane

Subscribed and sworn to before me this 8th day of August, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 County _____ 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 12 day of _____, and Judith A. Owen

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 20th day of August

I, Roger S. Gray, hereby certify that on the _____ at Indianapolis County of Marion

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

State of Indiana, Groom Michael Edgar Ansted of Hendricks County, State of Indiana

and, Bride Judith Ann Owen 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 20th day of August, 1983
Signed /s/ Roger S. Gray
Official Designation Dean and Rector August 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. 415
File 8-9-83
Date of Application

MALE
Medical Examination Report Dated 8-5-83
Name of Physician Bosal

FEMALE
Medical Examination Report Dated 8-5-83
Name of Physician Bosal

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

MALE APPLICANT

Name Kenneth E. Marquis
Date of Birth 11 9 38
Place of Birth (State or foreign country) Hammond Indiana
Residence Address 10 Apple Blossom Dr. 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) Voter's Reg

- 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 Elmer Elsworth
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jeanette Marie Golden
Residence of mother (if deceased so state) Indiana
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 Kenneth E. Marquis
New Address 10913 E 750th Brownsburg

Subscribed and sworn to before me this 9 day of August, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Cordelia N. Reeves
Date of Birth February 10 1943
Place of Birth (State or foreign country) Frankfort Indiana
Residence Address 10913 750th 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 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 Mark Edwin Thomas
Residence of father (if deceased so state) Florida
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Martha Cordelia Faust
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.

Signed Cordelia N. Reeves
New Address 10913 E 750th Brownsburg

Subscribed and sworn to before me this 9 day of August, 1983
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 13th day of Aug, 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 L. Bellville hereby certify that on the 13th day of August,
one thousand nine hundred and eighty-three at Brownsburg County of Hendricks
State of Indiana, Groom Kenneth E. Marquis of Hendricks County, State of Indiana
and, Bride Cordelia N. Reeves of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.
Dated this 13th day of August, 1983.

Signed /s/ Larry L. Bellville

Official Designation Minister
15th day of August, 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. 416

Aug 9, 1983
Date of Application

MALE
Medical Examination Report Dated 8-5-83
Name of Physician James Black MD.

FEMALE
Medical Examination Report Dated 8-5-83
Name of Physician James Black MD.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Stephen Middle Allen Last Lindley
Date of Birth Month Feb Day 22 Year 1944
Place of Birth (State or foreign country) Lebanon, Ind.
Residence Address R.R. #1 Box 92 City Pittsboro County Hendricks State Ind.

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

☐ Other (Specify) Drivers License

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

Kimberly K.
Steven R.
Father has custody

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

8. Full name of father: Robert Edward Lindley
Residence of father (if deceased so state): Pittsboro, Ind.
Birthplace of father (State or foreign country): Orange Co. - Ind.
9. Full maiden name of mother: Mary Louise Wright
Residence of mother (if deceased so state): Deceased
Birthplace of mother (State or foreign country): Indiana

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

Signed: Stephen A. Lindley

New Address: R.R. #1 Box 92 Pittsboro

Subscribed and sworn to before me this 9th day of Aug, 1983

Mary Jane Russell 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, } ss:
County of: }

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1983

Clerk

FEMALE APPLICANT

Name First Elizabeth Middle Ann Last Fivecoat
Date of Birth Month Feb Day 13 Year 1948
Place of Birth (State or foreign country) Westport, Ind.
Residence Address R.R. #1 Box 92 City Pittsboro County Hendricks State Ind.

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

☐ Other (Specify) Drivers License

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

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

8. Full name of father: Edward Earl Phillips
Residence of father (if deceased so state): Columbus, Ind.
Birthplace of father (State or foreign country): Kentucky
9. Full maiden name of mother: Carrie Eardine Matheson
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Kentucky

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

Signed: Elizabeth Ann Fivecoat

New Address: R.R. #1 Box 92 Pittsboro

Subscribed and sworn to before me this 9th day of Aug, 1983

Mary Jane Russell 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, } 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 Court by written order issued in County Court by written order issued

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the of Indiana dated the 13th day of Aug, 1983, authorizing the joining together as husband and wife

of STEPHEN ALLEN LINDLEY and ELIZABETH ANN FIVECOAT

Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, BERT J. REED, hereby certify that on the 13 day of August

one thousand nine hundred and EIGHTY THREE at COLUMBUS County of INDIANA

State of Indiana, Groom STEPHEN ALLEN LINDLEY of HENDRICKS County, State of INDIANA

and, Bride ELIZABETH ANN FIVECOAT HENDRICKS County, State of INDIANA

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

Dated this 13 day of August, 1983

Signed Bert J. Reed
Official Designation United Methodist Minister
17 day of August 1983
Signed Mary Jane Russell Clerk Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 417
File _____
Date of Application 8-10-83

County _____

MALE

Medical Examination Report Dated 8-2-83
Name of Physician Jackson

FEMALE

Medical Examination Report Dated 8-3-83
Name of Physician Jackson

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Gerald J. Viles
Date of Birth 9 4 1959
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address 2309 Second St. Apt 1 Hend. Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

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

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

8. Full name of father Gerald A. Viles
Residence of father (if deceased so state) Indianapolis Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nelen Lucille Wick
Residence of mother (if deceased so state) Indianapolis Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Gerald J. Viles
New Address 5626 Suburban Dr.

Subscribed and sworn to before me this 10 day of Aug, 1983
Mary Jane Russell 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, } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Denise L. Smittkamp
Date of Birth 3 11 1963
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address 5626 Suburban Dr. 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) _____

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

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

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

Signed Denise L. Smittkamp
New Address 5626 Suburban Dr.

Subscribed and sworn to before me this 10 day of Aug, 1983
Mary Jane Russell 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, } 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 15th day of August, 1983, authorizing the joining together as husband and wife of Gerald J. Viles and Denise L. Smittkamp

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

I, Donald Charles Lacy hereby certify that on the 19th day of August, one thousand nine hundred and eighty-three at Indianapolis, County of Marion, State of Indiana, Groom Gerald J. Viles of Hendricks County, State of Indiana and, Bride Denise L. Smittkamp 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. 19th day of August, 1983

Dated this _____ day of _____, 19____
Signed /s/Donald Charles Lacy
Official Designation Pastor
24th day of August, 1983

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____
Signed Mary Jane Russell Clerk _____ Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 418

File P-10-83

MALE
Medical Examination Report Dated 8-4-83
Name of Physician Robert A. Tharvin MD

FEMALE
Medical Examination Report Dated 8-3-83
Name of Physician Robert A. Tharvin MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT
Name First Robert Middle E Last Anderson
Date of Birth Month 11 Day 19 Year 1963
Place of Birth (State or foreign country) Indianapolis, In
Residence Address Street or R. R. 1280 Mon Rd City Monroeville 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If 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: Marshall Lee Anderson
Residence of father (if deceased so state): Same

Birthplace of father (State or foreign country): Indiana Kentucky

9. Full maiden name of mother: Wiling Cileen Mitchell
Residence of mother (if deceased so state): Same

Birthplace of mother (State or foreign country): Indiana

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

Signed: Robert E. Anderson

New Address: 147 S Wayne #2 Danville

Subscribed and sworn to before me this 10 day of Aug, 1983

Mary Jane Russell 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, } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT
Name First Sharon Middle K Last Lydick
Date of Birth Month March Day 2 Year 1964
Place of Birth (State or foreign country) Indianapolis In
Residence Address Street or R. R. 147 S Wayne #2 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If 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: Willard A Lydick
Residence of father (if deceased so state): Catesville, In

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Madonna M W Hulse
Residence of mother (if deceased so state): Catesville, In

Birthplace of mother (State or foreign country): Indiana

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

Signed: Sharon K Lydick

New Address: 147 S Wayne #2 Danville

Subscribed and sworn to before me this 10 day of Aug, 1983

Mary Jane Russell 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, } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

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

County _____ Court by written order issued _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1983, authorizing the joining together as husband and wife of Indiana dated the 15th day of August and _____

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

I, John Parsons hereby certify that on the 24 day of August

one thousand nine hundred and Eighty-three at Billville County of Hend

State of Indiana, Groom: Robert E Anderson of Hend County, State of IN

and, Bride: Sharon K Lydick of _____ County, State of IN

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

County. _____

Dated this 24 day of August, 1983

Signed John A. Parsons Official Designation Elder - Pastor
29 day of August 1983
Signed Mary Jane Russell Clerk
Sundricks Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 419
File 8-10-83
Date of Application

County

MALE
Medical Examination Report Dated 7-28-83
Name of Physician David Nadley

FEMALE
Medical Examination Report Dated 7-28-83
Name of Physician David Nadley

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Doyle E. Dunigan
Date of Birth Oct 20 1942
Place of Birth Indiana Co., Ind.
Residence Address 11335 W. Washington, Box 31, 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) Drinking

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If 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 Bertal Elton Dunigan
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Pauline Edna Hulley
Residence of mother (if deceased so state) Bloomington Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Doyle E. Dunigan

New Address 11335 W. Wash. Indianapolis

Subscribed and sworn to before me this 10 day of Aug, 1983

Mary Jane Russell 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, } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Charlotte C. Coomer
Date of Birth Aug 10 1966
Place of Birth Indiana Ind.
Residence Address 11335 W. Washington, Box 31, 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.

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

8. Full name of father Ed Coomer
Residence of father (if deceased so state) Clayton Ind.
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Shirley Marie Denny
Residence of mother (if deceased so state) Clayton Ind.
Birthplace of mother (State or foreign country) Kentucky

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

Signed Charlotte E. Coomer

New Address 11335 W. Washington St. Indianapolis

Subscribed and sworn to before me this 10 day of Aug, 1983

Mary Jane Russell 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, } ss:
County of Hendricks

Signed Ed Coomer Father

Signed Shirley M Coomer Mother

Subscribed and sworn to before me this 10 day of Aug, 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 10 day of Aug, 1983 authorizing the joining together as husband and wife Doyle E. Dunigan and Charlotte E. Coomer
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Richard M. Givan hereby certify that on the 14th day of August, 1983, at Gulford Twp., County of Hend., State of IN,
one thousand nine hundred and eighty-three and, Bride Charlotte E. Coomer of Hend. County, State of IN
State of Indiana, Groom Doyle E. Dunigan of Hend. County, State of IN
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 14 day of August, 1983.

Signed Richard M. Givan

Official Designation Chief Justice of Indiana
19 day of August, 1983

Signed Mary Jane Russell Clerk
Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 420
File 8-10-83
Date of Application

MALE
Medical Examination Report Dated 8-5-83
Name of Physician Robert Robinson

FEMALE
Medical Examination Report Dated 8-5-83
Name of Physician Robert Robinson

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Edward Ernest Kohl
Date of Birth May 24 1956
Place of Birth (State or foreign country) Ill.
Residence Address 2409 Lake of Lanterns E.D. Jasper
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 Lawrence V. Kohl
Residence of father (if deceased so state) Belvidere, Ill.
Birthplace of father (State or foreign country) Wisc.
9. Full maiden name of mother Wanda L. Paul
Residence of mother (if deceased so state) Belvidere, Ill.
Birthplace of mother (State or foreign country) Mo.

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

Signed Edward E. Kohl
New Address 2409 LAKE OF LANTERN S.E. DR. INDAS/IN 4634

Subscribed and sworn to before me this 10 day of Aug, 1983
Mary Jane Russell 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, } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Bonita Ann Swalley
Date of Birth May 26 1960
Place of Birth (State or foreign country) Ill.
Residence Address 2409 Lake of Lanterns E.D. Jasper
Previous Marital Status: Never Married ☒
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 Benjamin R. Swalley
Residence of father (if deceased so state) Brownsville, Ill.
Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Bonnie L. Paul
Residence of mother (if deceased so state) Brownsville, Ill.
Birthplace of mother (State or foreign country) Ill.

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

Signed Bonita Ann Swalley
New Address 2409 Lake of Lantern E Dr

Subscribed and sworn to before me this 11 day of Aug, 1983
Mary Jane Russell 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, } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 17 day of Aug, 1983, authorizing the joining together as husband and wife
Edward Earnest Kohl and Bonita Ann Swalley
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Reverend Louise E. Irvine hereby certify that on the 27th day of August
one thousand nine hundred and eighty-three at Brownsburg County of Hendricks
State of Indiana, Groom Edward Earnest Kohl of Hendricks County, State of Indiana
and, Bride Bonita Ann Swalley of Hendricks County, State of Indiana

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 August, 1983
Signed /s/Rev. Louise E. Irvine
Minister

Official Designation _____
30th day of August, 1983
Signed Mary Jane Russell Clerk
Filed and recorded in accordance with the laws of the State of Indiana this _____

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Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 421

File Aug 11, 1983

County

Date of Application

MALE

Medical Examination Report Dated 8-6-83
Name of Physician Kenneth Gray

FEMALE

Medical Examination Report Dated 8-6-18
Name of Physician Kenneth Gray

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Edward Bond
Date of Birth Dec 25 1957
Place of Birth (State or foreign country) Ind.
Residence Address 530 E. College Ave. Brownsburg
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. Lunsel

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If 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 A. Bond
Residence of father (if deceased so state) Valparaiso, Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Jean Thum
Residence of mother (if deceased so state) Valparaiso, Ind.
Birthplace of mother (State or foreign country) Ind.

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

Signed Daniel Edward Bond
New Address 530 E. College Ave. Brownsburg, IN

Subscribed and sworn to before me this 11 day of Aug, 1983
Mary Jane Russell 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, } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

FEMALE APPLICANT

Name Julle Dawn Schrier
Date of Birth Nov 29 1961
Place of Birth (State or foreign country) Ind.
Residence Address 1 Heritage Place Brownsburg
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. Lunsel

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If 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 H. Edward Schrier
Residence of father (if deceased so state) Brownsburg, Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Shirley Shelton
Residence of mother (if deceased so state) Ind. Brownsburg
Birthplace of mother (State or foreign country) Ind.

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

Signed Julle Dawn Schrier
New Address 530 E. College Ave. Brownsburg

Subscribed and sworn to before me this 11 day of Aug, 1983
Mary Jane Russell 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, } 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 19th day of August, 1983, authorizing the joining together as husband and wife of Daniel Edward Bond and Julle Dawn Schrier.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Larry L. Bellville hereby certify that on the 1st day of October, one thousand nine hundred and eighty-three at Brownsburg, County of Hendricks, State of Indiana, Groom Daniel Edward Bond of Hendricks County, State of Indiana and, Bride Julle Dawn Schrier of Hendricks County, State of Indiana 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 October, 1983.

Signed/s/ Larry L. Bellville

Official Designation Minister

4th day of October, 1983

Signed Mary Jane Russell Clerk
Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 422

File

8-11-83
Date of Application

MALE

Medical Examination Report Dated 8-8-83

Name of Physician Eric Clark

FEMALE

Medical Examination Report Dated 8-9-83

Name of Physician Eric Clark

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Bradley J. Coopriden
Date of Birth Month Day Year
5 18 1958
Place of Birth (State or foreign country)
Gene Haute, Ind.
Residence Address Street or R. R. City County State
1824 Hemlock, 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) Divorcee

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If 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 Max N. Coopriden
Residence of father (if deceased so state) Gene Haute, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mildred Jane Stinson
Residence of mother (if deceased so state) Gene Haute, Ind.
Birthplace of mother (State or foreign country) Illinois

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

Signed Bradley J. Coopriden
New Address 1824 Hemlock Ln
11

Subscribed and sworn to before me this 11 day of August, 1983
Mary Jane Russell Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1983
Clerk

FEMALE APPLICANT

Name First Middle Last
Robin L. Snodgrass
Date of Birth Month Day Year
2 21 1959
Place of Birth (State or foreign country)
Ind. Ia.
Residence Address Street or R. R. City County State
1824 Hemlock, 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) Divorcee

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If 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 Gerald B. Snodgrass
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carolyn Solomon
Residence of mother (if deceased so state) Plainfield, Ind.
Birthplace of mother (State or foreign country) Alabama

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

Signed Robin L. Snodgrass
New Address 1824 Hemlock Ln
11

Subscribed and sworn to before me this 11 day of August, 1983
Mary Jane Russell Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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 3 County Superior 2 Court by written order issued 3 day warned 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 1983, authorizing the joining together as husband and wife of Indiana dated the 11 day of Aug and Robin L. Snodgrass

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Wm. Spencer Gillespie hereby certify that on the 13th day of August
one thousand nine hundred and eighty-three at Plainfield
State of Indiana, Groom Bradley J. Coopriden County of Hendricks
and, Bride Robin L. Snodgrass of Hendricks County, State of Indiana

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. 83
Dated this 13th day of August, 1983

Signed /s/ Wm. Spencer Gillespie
Official Designation Pastor, First Baptist Church
16th day of August 83
Signed Mary Jane Russell Clerk
Circuit Court

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

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423

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. _____
File _____
Date of Application Aug. 11, 1983

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

FEMALE
Medical Examination Report Dated 8-3-83
Name of Physician Neely

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Charles Cooper Jr.
Date of Birth 7/1/1949
Place of Birth (State or foreign country) Lebanon Ind.
Residence Address Rt 6 Box 99A 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

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

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

9. Full maiden name of mother Mary Elizabeth Grace
Residence of mother (if deceased so state) Arizona
Birthplace of mother (State or foreign country) Ohio

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

Signed John C. Cooper
New Address Rt 6, Box 99A, Danville, Ind.

Subscribed and sworn to before me this 11 day of Aug, 1983
Mary Jane Russell Clerk _____ Circuit Court

FEMALE APPLICANT

Name Margaret Ann Adams
Date of Birth 3/29/1952
Place of Birth (State or foreign country) Elmwood Illinois
Residence Address Rt 6 Box 99A 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

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

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

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

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

Signed Margaret A. Adams
New Address Rt 6, Box 99A, Danville, Ind.

Subscribed and sworn to before me this 11 day of Aug, 1983
Mary Jane Russell 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, } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } 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 15 day of August, 1983 authorizing the joining together as husband and wife John Charles Cooper, Sr. and Margaret A. Adams

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

I, Harry C. Randolph hereby certify that on the 20th day of August, one thousand nine hundred and eighty-three at Danville, County of Hendricks, State of Indiana, Groom John Charles Cooper, Sr. of Hendricks County, State of Indiana and, Bride Margaret A. Adams of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County. 20th day of August, 1983

Dated this _____ day of _____, 19____.

Signed s/ Harry C. Randolph
Official Designation Ordained Minister
24th day of August, 1983

Signed Mary Jane Russell Clerk _____ 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

No. 424
File _____
Date of Application Aug 12, 1983

MALE
Medical Examination Report Dated 7-27-83
Name of Physician Dr. Michael Truly

FEMALE
Medical Examination Report Dated 7-27-83
Name of Physician Dr. Michael Truly

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Kenneth Robert Wallace
Date of Birth July 27 1961
Place of Birth (State or foreign country) St. Joseph, Mo.
Residence Address 11315 W. Wash St. Apt 20 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) driving 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.

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

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

Signed Kenneth R. Wallace 10720
New Address 11315 W. Wash. Plainfield, Ind.

Subscribed and sworn to before me this 12 day of August, 1983
Mary Jane Russell 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, } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Jacqueline Frances Letson
Date of Birth June 4 1960
Place of Birth (State or foreign country) Indiana
Residence Address 11315 W. Wash St. Apt 20 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 Paul Letson
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Alabama
9. Full maiden name of mother Betty F. Benge
Residence of mother (if deceased so state) Deceased
Birthplace of mother (State or foreign country) Indiana

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

Signed Jacqueline Frances Letson
New Address 11315 W. Washington, Plainfield, Ind.

Subscribed and sworn to before me this 12 day of August, 1983
Mary Jane Russell 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, } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Court authorizing the joining together as husband and wife of Indiana dated the 16 day of August, 1983 and JACQUELINE FRANCES LETSON
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, JOHN C. MAWRE hereby certify that on the 18 day of AUGUST,
one thousand nine hundred and eighty-three at DANVILLE, County of HENDRICKS,
State of Indiana, Groom Kenneth R. Wallace of HENDRICKS County, State of INDIANA
and, Bride Jacqueline F. Letson of HENDRICKS County, State of INDIANA
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 18 day of Aug, 1983

Signed John C. Mawrer 151
Official Designation Judge, Superior Court #2
Said _____ day of _____, 1983
Said Mary Jane Russell Clerk
_____ Circuit Court

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

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Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 425
File 8-12-83
Date of Application

County

MALE
Medical Examination Report Dated 8-9-83
Name of Physician Ronald K. Stegemoller

FEMALE
Medical Examination Report Dated 8-9-83
Name of Physician Ronald K. Stegemoller

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Kirk E. Booker
Date of Birth 5 2 1960
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address Box 342, North Salem, In. 46165
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Thomas Booker
Residence of father (if deceased so state) North Salem, In.
Birthplace of father (State or foreign country) Unknown
9. Full maiden name of mother Phyllis Edene Rush
Residence of mother (if deceased so state) North Salem, In.
Birthplace of mother (State or foreign country) Indiana

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

Signed T. L. Booker
New Address 512 Lakeshore Dr. Plainfield

Subscribed and sworn to before me this 12th day of August, 1983
Mary Jane Russell 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, } ss:
County of.....

Signed.....Father
Signed.....Mother

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

FEMALE APPLICANT

Name Pamela A. Phillips
Date of Birth 11 25 1953
Place of Birth (State or foreign country) Brazil, Indiana
Residence Address 512 Lakeshore Dr., 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) Alcohol Abuse
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

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

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

Signed Pamela A. Phillips
New Address 512 Lakeshore Dr., Plainfield

Subscribed and sworn to before me this 12th day of August, 1983
Mary Jane Russell 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, } 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 17th day of August, 1983 authorizing the joining together as husband and wife Kirk E. Booker and Pamela A. Phillips

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Paul H. Bowen hereby certify that on the 20 day of August, one thousand nine hundred and eighty-three at Greencastle, County of Putnam State of Indiana, Groom Kirk E. Booker of Hendricks County, State of IN and, Bride Pamela A. Phillips of Hendricks County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of.....County.

Dated this 20 day of August, 1983

Signed P. H. Bowen
Official Designation Proctor
Signed Mary Jane Russell Clerk.....Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of August, 1983

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 426
File Aug 15, 1983

MALE
Medical Examination Report Dated 8-12-83
Name of Physician Haggard

FEMALE
Medical Examination Report Dated Aug 12, 1983
Name of Physician David L. Haggard, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name David A. Parrish
Date of Birth 8/10/1961
Place of Birth Indianapolis, Ind.
Residence Address 3805 Dan Jones Rd. P.O. Box 146168
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 Frank Edgar Parrish
Residence of father (if deceased so state) Hendricks Co. Ind (Indpls)
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Jane T. Abbler
Residence of mother (if deceased so state) Indianapolis, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed David Allen Parrish
New Address 3805 Dan Jones Rd

Subscribed and sworn to before me this 16 day of Aug, 1983
Mary Jane Russell 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, } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Katrina Lynn Ramsey
Date of Birth 12/7/1959
Place of Birth Indianapolis, Ind.
Residence Address 3805 Dan Jones Rd. P.O. Box 146168
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 Carl Fred Ortel
Residence of father (if deceased so state) Dayton, Ohio
Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Martha Joe M. Chasen
Residence of mother (if deceased so state) Lady Lake, Fla.
Birthplace of mother (State or foreign country) Kentucky

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

Signed Katrina Lynn Ramsey
New Address 3805 Dan Jones Rd

Subscribed and sworn to before me this 15 day of Aug, 1983
Mary Jane Russell 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, } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Court _____
of Indiana dated the 19 day of Aug, 1983, authorizing the joining together as husband and wife
of David A. Parrish and Katrina L. Ramsey
Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____
I, Gary A. Dworak, hereby certify that on the 20th day of August, 1983,
at Indianapolis, County of Marion, State of Indiana
one thousand nine hundred and eighty-three at Hendricks, County, State of Indiana
State of Indiana, Groom David A. Parrish of Hendricks, County, State of _____
and, Bride Katrina L. Ramsey 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 20th day of August, 1983

Signed /s/ Gary A. Dworak
Official Designation Pastor
24th day of August, 1983
Signed Mary Jane Russell
Clerk _____ Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 427
File _____
Date of Application 8-15-83

County _____

MALE

Medical Examination Report Dated 8-2-83
Name of Physician Blauer

FEMALE

Medical Examination Report Dated 8-2-83
Name of Physician Blauer

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 First alfred Middle Bridges Last
Date of Birth December Month 2 Day 1958 Year
Place of Birth (State or foreign country) Indiana
Residence Address R.R.#1 Box 532 Clayton Hendricks State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

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

8. Full name of father Kenneth Bryan Bridges
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Marie Simpson
Residence of mother (if deceased so state) Indiana
Birthplace of mother (State or foreign country) Indiana

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

Signed Steven Alfred Bridges
New Address R1 Box 532 Clayton Ind. 46118

Subscribed and sworn to before me this 15 day of Aug, 1983
Mary Jane Russell 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, } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Joni First Lynne Middle Arnold Last
Date of Birth June Month 10 Day 1960 Year
Place of Birth (State or foreign country) Indiana
Residence Address R.R.#1 Box 659 Plainfield Hendricks State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

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

8. Full name of father Jack Arnold
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia Lou McWethy
Residence of mother (if deceased so state) Indiana
Birthplace of mother (State or foreign country) Indiana

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

Signed Joni Lynne Arnold
New Address R.R.1 Box 532 Clayton, IN 46118

Subscribed and sworn to before me this 15 day of Aug, 1983
Mary Jane Russell 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, } 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 19 day of Aug, 1983, authorizing the joining together as husband and wife of Steven Alfred Bridges and Joni Lynne Arnold

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

I, Hubert C. Greer hereby certify that on the 27th day of August,
one thousand nine hundred and eighty-three at Plainfield, County of Hendricks,
State of Indiana, Groom Steven A. Bridges of Hendricks County, State of Indiana
and, Bride Joni Lynne Arnold of Hendricks County, State of Indiana

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 August, 1983

Signed /s/Hubert C. Greer

Official Designation Pastor
6th day of September, 1983

Signed Mary Jane Russell Clerk _____
Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 428

File 8-15-83
Date of Application

MALE
Medical Examination Report Dated 8-2-83
Name of Physician J. Richard Rookam

FEMALE
Medical Examination Report Dated 8-2-83
Name of Physician J. Richard Rookam

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Sam S. Nolans
Date of Birth Feb 5 1948
Place of Birth (State or foreign country) Greece
Residence Address RR 1 Box 255-24, Pittsburg, Ind

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.
Stephanie Anna
Jennifer Sue

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

8. Full name of father Peter Nolans
Residence of father (if deceased so state) Danielle, Illinois
Birthplace of father (State or foreign country) Athens, Greece

9. Full maiden name of mother Helen Sobolow
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Athens, Greece

State of Indiana, I depose and state the information given in this application is true and correct.
County of Ind

Signed Sam S. Nolans
New Address RR #1 Box 255-24 Pittsburg

Subscribed and sworn to before me this 15 day of Aug, 1983
Mary Jane Russell 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, } ss:
County of Ind

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Sandra L. Nendicks
Date of Birth Nov 22 1946
Place of Birth (State or foreign country) Indpls, Ind
Residence Address RR 1 Box 255-24, Pittsburg, Ind

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 Joseph McCrory
Residence of father (if deceased so state) Fullerton, CA
Birthplace of father (State or foreign country) Indiana

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

State of Indiana, I depose and state the information given in this application is true and correct.
County of Ind

Signed Sandra L. Nendicks
New Address RR #1 Box 255-24 Pittsburg

Subscribed and sworn to before me this 15 day of Aug, 1983
Mary Jane Russell 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, } 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 _____ Court by written order issued _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

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

I, _____ at _____ County, State of _____ of _____ County, State of _____

one thousand nine hundred and _____ of _____ State of Indiana, Groom _____ and, Bride _____

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

Dated this _____ day of _____, 19____ Signed _____ Clerk Circuit Court

Official Designation _____ day of _____ Signed _____ Clerk 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

No. 429

File 8-17-83

Date of Application

MALE

Medical Examination Report Dated 8-11-83

Name of Physician Livingston

FEMALE

Medical Examination Report Dated 8-11-83

Name of Physician Livingston

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 F. Norris
Date of Birth Nov. 25 1951
Place of Birth (State or foreign country) Pa.
Residence Address 440 Rams Plainfield Pa. County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. License

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

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

Residence of father (if deceased so state) Barberton, Ohio

Birthplace of father (State or foreign country) Pa.

9. Full maiden name of mother Margaret Crookston

Residence of mother (if deceased so state) Barberton, Ohio

Birthplace of mother (State or foreign country) Pa.

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

County of Danville

Signed John F. Norris

New Address 802 Hulan

Subscribed and sworn to before me this 17 day of Aug, 1983

Mary Jane Russell 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, } ss: I depose and state the information given in this application is true and correct.

County of Danville

Signed John F. Norris Father

Signed Margaret Crookston Mother

Subscribed and sworn to before me this 17 day of Aug, 1983

Mary Jane Russell Clerk

FEMALE APPLICANT

Name Sandra K. Modglin
Date of Birth May 5 1943
Place of Birth (State or foreign country) Pa.
Residence Address 802 Hulan Plainfield Pa. County State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

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

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

Residence of father (if deceased so state) deceased

Birthplace of father (State or foreign country) Ill.

9. Full maiden name of mother Neva Mickell

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

Birthplace of mother (State or foreign country) Ill.

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

County of Danville

Signed Sandra K. Modglin

New Address 802 Hulan

Subscribed and sworn to before me this 17 day of Aug, 1983

Mary Jane Russell 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, } ss: I depose and state the information given in this application is true and correct.

County of Danville

Signed Sandra K. Modglin Father

Signed Neva Mickell Mother

Subscribed and sworn to before me this 17 day of Aug, 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 3 day waiver and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 17 day of Aug, 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 C. MOWRER hereby certify that on the 17 day of August

one thousand nine hundred and EIGHTY THREE at DANVILLE, INDIANA, County of HENDRICKS,

State of Indiana, Groom JOHN F. NORRIS of HENDRICKS County, State of INDIANA

and, Bride SANDRA K. MODGLIN of HENDRICKS County, State of INDIANA

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

Dated this 17 day of August, 1983.

Signed JOHN C. MOWRER

Official Designation JUDGE

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

Signed Mary Jane Russell

Hendricks Clerk

Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 430
File 8-17-83
Date of Application

MALE
Medical Examination Report Dated 8-15-83
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 8-15-83
Name of Physician Thomas Walker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Gene Williams
Date of Birth May 18 1931
Place of Birth (State or foreign country) Ind.
Residence Address 2418 Boulevard Indph. 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) Dr. License

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

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

8. Full name of father John Albert Williams
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Audrey M. Marcus
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Ind.

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

Signed Robert Gene Williams

New Address 2418 Boulevard

Subscribed and sworn to before me this 17 day of Aug, 1983
Mary Lou Navarro 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, } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Mary Lou Navarro
Date of Birth May 18 1934
Place of Birth (State or foreign country) Mass
Residence Address 2418 Boulevard Indph. 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) Dr. License

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

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

8. Full name of father Frank M. Chavis
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Madison, Pratsburg
9. Full maiden name of mother Mary Muma
Residence of mother (if deceased so state) Full River, Mass
Birthplace of mother (State or foreign country) Mass.

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

Signed Mary Lou Navarro

New Address 2418 Boulevard Ind

Subscribed and sworn to before me this 17 day of Aug, 1983
Mary Lou Navarro 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, } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Court _____
of Indiana dated the 24 day of Aug, 1983 authorizing the joining together as husband and wife
of Robert Gene Williams and Mary Lou Navarro
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, J. Kincaid Smith hereby certify that on the 27th day of August, 1983
at Indianapolis, County of Marion, State of Indiana
one thousand nine hundred and eighty-three at Hendricks, County, State of Indiana
State of Indiana, Groom Robert Gene Williams of Hendricks
and, Bride Mary Lou Navarro 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 27th day of August, 1983

Signed /s/J. Kincaid Smith
Pastor

Official Designation August, 1983
30th day of _____
Signed _____
Hendricks County Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 431
File _____
County _____
Date of Application 8-17-83

MALE
Medical Examination Report Dated 8-15-83
Name of Physician Haggard

FEMALE
Medical Examination Report Dated 8-15-83
Name of Physician Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Beryl First Arthur Middle Deakin Last
Date of Birth August Month 16 Day 1962 Year
Place of Birth (State or foreign country) Indiana
Residence Address P.O. Box 269 Street or R. R. Clayton City Hendricks County Ind. State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

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

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

8. Full name of father Beryl Arthur Deakin
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sherry M. Muir
Residence of mother (if deceased so state) Indiana
Birthplace of mother (State or foreign country) Indiana

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

Signed Beryl A Deakin Jr

New Address P.O. BOX 269 Clayton

Subscribed and sworn to before me this 17 day of August, 1983

Mary Jane Russell 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, } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Kathryn First Louise Middle Lewis Last
Date of Birth April Month 26 Day 1963 Year
Place of Birth (State or foreign country) Indiana
Residence Address 2266 Hall Road Street or R. R. plfd. City Hendricks County Ind. State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

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

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

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

8. Full name of father John William Lewis
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marlene Louise Hedrick
Residence of mother (if deceased so state) Indiana
Birthplace of mother (State or foreign country) Indiana

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

Signed Kathryn Louise Lewis

New Address P.O. Box 365 Box 269 Clayton

Subscribed and sworn to before me this 17 day of Aug, 1983

Mary Jane Russell 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, } 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 Aug, 1983 authorizing the joining together as husband and wife Beryl Arthur Deakin, Jr. and Kathryn Louise Lewis

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

I, Robert Daniel Spanton, Jr. hereby certify that on the 21st day of August, one thousand nine hundred and eighty-three at Plainfield, County of Hendricks State of Indiana, Groom Beryl Arthur Deakin, Jr. of Hendricks County, State of Indiana and, Bride Kathryn Louise Lewis of Hendricks County, State of Indiana 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. 21st day of August, 1983

Dated this _____ day of _____, 19____.

Signed /s/Robert Daniel Spanton, Jr.

Official Designation Minister
24th day of August, 1983

Signed Mary Jane Russell Clerk _____ Circuit Court

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